

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733504

**Entity Name:** PRIDE OF SAINT LUCIE LODGE #1189, IBPOE OF W, INC.

**Current Principal Place of Business:**

2408 AVENUE M  
FORT PIERCE, FL 34954

**Current Mailing Address:**

P.O. BOX 1834  
FORT PIERCE, FL 34954

**FEI Number: 59-1442836**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KNIGHT, RALPH L  
2710 AVENUE Q  
FORT PIERCE, FL 34947 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: RALPH L. KNIGHT**

**03/16/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ERD  
Name SIMMONS, JONATHAN  
Address 701 ATLANTIC AVE  
City-State-Zip: FORT PIERCE FL 32947

Title TEAS  
Name DICKERSON, JAMES  
Address 1100 N 35TH STR  
City-State-Zip: FT.PIERCE FL 34947

Title LK  
Name PLUMBER, ARCHIE  
Address 110 N 21ST ST  
City-State-Zip: FT PIERCE FL 34950

Title FS  
Name KNIGHT, RALPH  
Address 2710 AVE Q  
City-State-Zip: FT PIERCE FL 34947

Title TRUS  
Name LEROY LURRY  
Address 1908 AVENUE G  
City-State-Zip: FT. PIERCE FL 34950

Title TRUSTEE  
Name GREEN, ELI  
Address 2798 BOOKER ST  
City-State-Zip: FORT PIERCE FL 34950

Title ESTEEMED LEADING KNIGHT  
Name CASMINSKI, NORWOOD D  
Address 420 NORTH 16TH STREET  
City-State-Zip: FORT PIERCE FL 34947

Title ESTEEMED LEC. KNIGHT  
Name MORGAN, J P  
Address 2002 AVE. O  
City-State-Zip: FORT PIERCE FL 34950

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RALPH L. KNIGHT**

**FINANCIAL SECRETARY**

**03/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date