

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733504

FILED
Mar 31, 2016
Secretary of State
CC3799246562

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

03/31/2016

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 TREASURER
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 FIN. SECRETARY
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 TAYLOR, BERTRAM
Address 109 DEVONSHIRE DR.
City-State-Zip: FORT PIERCE FL 34947

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

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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 KNIGHT

FIN. SECRETARY

03/31/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name MIMS, ARSTELL
Address 4004 AVE J
City-State-Zip: FT. PIERCE FL 34947