

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733504

FILED
Apr 13, 2005
Secretary of State

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

Current Principal Place of Business:

2408 AVENUE M
FORT PIERCE, FL 349541834

New Principal Place of Business:

Current Mailing Address:

2408 AVENUE M
FORT PIERCE, FL 349541834

New Mailing Address:

P.O. BOX 1834
FORT PIERCE, FL 349541834

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASCHAL, DEVENZIC
1815 18TH AVE. S.W.
VERO BEACH, FL 32962 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ERD () Delete
Name: POITER, ROBERT H
Address: 306 N 22ND STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: LKD () Delete
Name: LEWIS, ROBERT E.,
Address: 2304 N 17TH STREET
City-St-Zip: FT PIERCE, FL 34947

Title: LK () Delete
Name: DICKERSON, JAMES A
Address: 1100 N 35 TH ST
City-St-Zip: FT PIERCE, FL 34947

Title: LK () Delete
Name: LURRY, LAROY
Address: 1908 AVE E
City-St-Zip: FT PIERCE, FL 34950

Title: FSD () Delete
Name: PASCHAL, DEVONZIA
Address: 1515 15TH AVE. S.W.
City-St-Zip: VERO BEACH, FL 32962

Title: T () Delete
Name: TAYLOR, BERTRAM
Address: 109 DEVONSHIRE DR
City-St-Zip: FT PIERCE, FL 34946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT H. POITIER

ER

04/13/2005

Electronic Signature of Signing Officer or Director

Date