

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90043 037 ****61.25

DOCUMENT # N03000003471

1. Entity Name
THE PROLOGUE SOCIETY OF BROWARD COUNTY, INC.



44000704

Principal Place of Business Mailing Address
NORTHERN TRUST COMPANY NORTHERN TRUST BANK
1100 EAST OLAS BLVD 1100 EAST OLAS BLVD
FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
02-0697116

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OBST, DAVID
1100 EAST LAS OLAS BLVD
FORT LAUDERDALE, FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
SEE ATTACHED LIST.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

NO3000003471 44006764

List of Names, Addresses, and Titles of Officers and Directors
As Required Under Item No. 11

P

James A. Pearson
290 South University Drive
Plantation, FL 33324

D

James I. Ridley
1401 East Broward Boulevard, Suite 200
Fort Lauderdale, FL 33301

S

Diane Cruz
c/o Northern Trust Bank
1100 East Las Olas Boulevard
Fort Lauderdale, FL 33301

D

Dr. Donald D. Schaffer
1510 S.E. 2nd Court
Fort Lauderdale, FL 33301

D

Judy Bonevac
2780 East Oakland Park Boulevard
Fort Lauderdale, FL 33306

D

Laz Schneider
2525 NE 26th Terrace
Fort Lauderdale, FL 33305

D

Carolyn Lee
c/o Northern Trust Bank
1100 East Las Olas Boulevard
Fort Lauderdale, FL 33301

D

Teresa Widmer
340 Sunset Drive, Apt. 1402
Fort Lauderdale, FL 33301

D

Jackie Lyles
c/o Northern Trust Bank
1100 East Las Olas Boulevard
Fort Lauderdale, FL 33301

D

William Zeiher
100 N.E. 3rd Avenue, Suite 280
Fort Lauderdale, FL 33301

D

Mark McCormick
520 Coral Way
Fort Lauderdale, FL 33301

D

David Obst
c/o Northern Trust Bank
1100 East Las Olas Boulevard
Fort Lauderdale, FL 33301

D

Edith Pearson
111 E. Las Olas Boulevard #1218
Fort Lauderdale, FL 33301