

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90119 042 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                           |                                                                                                                                                                       |                                                                              |  |
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| <b>DOCUMENT # N03000003471</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                                                           |                                                                                                                                                                       |                                                                              |  |
| <b>1. Entity Name</b><br>THE PROLOGUE SOCIETY OF BROWARD COUNTY, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                           |                                                                                                                                                                       |                                                                              |  |
| <b>Principal Place of Business</b><br>NORTHERN TRUST CO. NORTHERN TRUST BANK<br>1100 EAST OLAS BLVD<br>FORT LAUDERDALE, FL 33301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                                                                           | <b>Mailing Address</b><br>NORTHERN TRUST CO. NORTHERN TRUST BANK<br>1100 EAST OLAS BLVD<br>FORT LAUDERDALE, FL 33301                                                  |                                                                              |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                           | <b>3. Mailing Address</b>                                                                                                                                             |                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                                                                           | Suite, Apt. #, etc.                                                                                                                                                   |                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                                                           | City & State                                                                                                                                                          |                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | Country                                                                                   |                                                                                                                                                                       | Zip                                                                          |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | Country                                                                                   |                                                                                                                                                                       | 06302005    Chg-NP    CR2E037 (10/03)                                        |  |
| <b>4. FEI Number</b><br>02-0697116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                           |                                                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                       |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                                                                           |                                                                                                                                                                       | <b>\$8.75 Additional Fee Required</b>                                        |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                           | <b>7. Name and Address of New Registered Agent</b>                                                                                                                    |                                                                              |  |
| OBST, DAVID<br>1100 EAST LAS OLAS BLVD<br>FORT LAUDERDALE, FL 33301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                                                                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b>    Zip Code                 </div>                   |                                                                              |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                                           |                                                                                                                                                                       |                                                                              |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                                                                           | DATE <b>7/8/05</b>                                                                                                                                                    |                                                                              |  |
| Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                           |                                                                                                                                                                       |                                                                              |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> |                                                                                                                                                                       | <b>\$5.00 May Be Added to Fees</b>                                           |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                                           |                                                                                                                                                                       |                                                                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                          |                                                                              |  |
| <b>TITLE</b><br>P<br><b>NAME</b><br>PEARSON, JAMES A<br><b>STREET ADDRESS</b><br>290 SOUTH UNIVERSITY DRIVE<br><b>CITY-ST-ZIP</b><br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete            |                                                                                           | <b>TITLE</b><br>DIRECTOR<br><b>NAME</b><br>SCHNEIDER, LAZ<br><b>STREET ADDRESS</b><br>2525 NE 26 TERRACE<br><b>CITY-ST-ZIP</b><br>FORT LAUDERDALE, FL 33305           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>S<br><b>NAME</b><br>CRUZ, DIANE<br><b>STREET ADDRESS</b><br>1100 EAST LAS OLAS BLVD<br><b>CITY-ST-ZIP</b><br>FORT LAUDERDALE, FL 33301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete            |                                                                                           | <b>TITLE</b><br>DIRECTOR<br><b>NAME</b><br>PEARSON, JAMES A.<br><b>STREET ADDRESS</b><br>290 SOUTH UNIVERSITY DRIVE<br><b>CITY-ST-ZIP</b><br>PLANTATION, FL 33324     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>BONEVAC, JUDY<br><b>STREET ADDRESS</b><br>2780 EAST OAKLAND PARK BLVD<br><b>CITY-ST-ZIP</b><br>FORT LAUDERDALE, FL 33306                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete            |                                                                                           | <b>TITLE</b><br>GILEEN McNALLY, DR.<br><b>NAME</b><br>100 South Andrews Ave<br><b>STREET ADDRESS</b><br>Fort Lauderdale, FL 33301<br><b>CITY-ST-ZIP</b>               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>LEE, CAROLYN<br><b>STREET ADDRESS</b><br>1100 EAST LAS OLAS BLVD<br><b>CITY-ST-ZIP</b><br>FORT LAUDERDALE, FL 33301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete            |                                                                                           | <b>TITLE</b><br>DIRECTOR<br><b>NAME</b><br>GORDON, KERRY<br><b>STREET ADDRESS</b><br>1100 EAST LAS OLAS BLVD.<br><b>CITY-ST-ZIP</b><br>Fort Lauderdale, FL 33301      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>LYLES, JACKIE<br><b>STREET ADDRESS</b><br>1100 EAST LAS OLAS BLVD<br><b>CITY-ST-ZIP</b><br>FORT LAUDERDALE, FL 33301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete            |                                                                                           | <b>TITLE</b><br>PRESIDENT<br><b>NAME</b><br>BONEVAC, JUDY<br><b>STREET ADDRESS</b><br>2780 EAST OAKLAND PARK BLVD.<br><b>CITY-ST-ZIP</b><br>FORT LAUDERDALE, FL 33306 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>MCCORMICK, MARK<br><b>STREET ADDRESS</b><br>520 CORAL WAY<br><b>CITY-ST-ZIP</b><br>FORT LAUDERDALE, FL 33301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Delete |                                                                                           | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>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.</b> |                                            |                                                                                           |                                                                                                                                                                       |                                                                              |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                           | DATE <b>7/8/05</b>                                                                                                                                                    |                                                                              |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                           |                                                                                                                                                                       |                                                                              |  |

Broward County Prologue Society  
Board Members

| Prefix | First Name | Last Name     | Title     | Company                     | Address                                | City            | State | Zip   |
|--------|------------|---------------|-----------|-----------------------------|----------------------------------------|-----------------|-------|-------|
| Mrs.   | Judy       | Bonevac       | President | Judy Barringer Bonevac, PA  | 2780 East Oakland Park Boulevard       | Fort Lauderdale | FL    | 33306 |
| Ms.    | Diane      | Cruz          | Secretary | Northern Trust              | 700 Brickell Ave                       | Miami           | FL    | 33131 |
| Judge  | Jose A.    | Gonzalez, Jr. | Director  | United States Courthouse    | 299 E. Broward Blvd., Suite 205D       | Fort Lauderdale | FL    | 33316 |
| Mrs.   | Carolyn    | Lee           | Director  | Northern Trust              | 2601 E. Oakland Park Boulevard         | Fort Lauderdale | FL    | 33306 |
| Mrs.   | Jackie     | Lyles         | Director  | Northern Trust              | 2601 E. Oakland Park Boulevard         | Fort Lauderdale | FL    | 33306 |
| Mr.    | David      | Obst          | Director  | Northern Trust              | 1100 E. Las Olas Boulevard             | Fort Lauderdale | FL    | 33301 |
| Ms.    | Edie       | Pearson       | Director  | Northern Trust              | 2301 Solar Plaza Drive                 | Fort Lauderdale | FL    | 33301 |
| Mr.    | James A.   | Pearson       | Director  | James Pearson, PA           | 290 South University Drive             | Plantation      | FL    | 33324 |
| Mr.    | James I.   | Ridley        | Director  | James I. Ridley, PA         | 1401 East Broward Boulevard, Suite 200 | Fort Lauderdale | FL    | 33301 |
| Mr.    | Laz        | Schneider     | Director  |                             | 2525 NE 26th Terrace                   | Fort Lauderdale | FL    | 33305 |
| Ms.    | Teresa     | Widmer        | Director  |                             | 340 Sunset Drive, Apt. 1402            | Fort Lauderdale | FL    | 33301 |
| Mr.    | William    | Zeiber        | Director  | William A. Zeiber, Attorney | 100 NE 3rd Avenue, Suite 280           | Fort Lauderdale | FL    | 33301 |
| Ms.    | Eileen     | McNally       | Director  | Broward County Main Library | 100 S. Andrews Avenue                  | Fort Lauderdale | FL    | 33301 |
| Ms.    | Kerry      | Gordon        | Director  | Northern Trust              | 1100 E. Las Olas Boulevard             | Fort Lauderdale | FL    | 33301 |

ATTACHMENT

NB 00003471  
20062408