2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000003471

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

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

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04032008 No Chg-NP CR2E037 (11/05)

4. FEI Number
02-0697116
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000435163
04/20/06-80074-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PEARSON, JAMES A
STREET ADDRESS	260 SOUTH UNIVERSITY DRIVE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	S
NAME	CRUZ, DIANE
STREET ADDRESS	1100 EAST LAS OLAS BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	P
NAME	BONEVAC, JUDY
STREET ADDRESS	2780 EAST OAKLAND PARK BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	D
NAME	LEE, CAROLYN
STREET ADDRESS	1100 EAST LAS OLAS BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	D
NAME	LYLES, JACKIE
STREET ADDRESS	1100 EAST LAS OLAS BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	D
NAME	SCHNEIDER, LAZ
STREET ADDRESS	2325 NE 26 TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/3/06 954-617-1924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #