

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003471

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** THE PROLOGUE SOCIETY OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

NORTHERN TRUST, NA  
1100 EAST LAS OLAS BLVD  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

NORTHERN TRUST, NA  
1100 EAST LAS OLAS BLVD  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 02-0697116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUTTGER, SALLY M  
1100 EAST LAS OLAS BLVD  
FORT LAUDERDALE, FL 33301 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:** D  
**Name:** SCOTT, STEVE  
**Address:** 1670 SE 7 STREET  
**City-St-Zip:** FT. LAUDERDALE, FL 33316

**Title:** ST  
**Name:** RUTTGER, SALLY  
**Address:** 1100 E LAS OLAS BLVD  
**City-St-Zip:** FORT LAUDERDALE, FL 33301

**Title:** D  
**Name:** BONEVAC, JUDY  
**Address:** 2780 EAST OAKLAND PARK BLVD  
**City-St-Zip:** FORT LAUDERDALE, FL 33306

**Title:** D  
**Name:** LEE, CAROLYN  
**Address:** 1100 EAST LAS OLAS BLVD  
**City-St-Zip:** FORT LAUDERDALE, FL 33301

**Title:** D  
**Name:** OUGHTON, JOHN  
**Address:** 1100 EAST LAS OLAS BLVD  
**City-St-Zip:** FORT LAUDERDALE, FL 33301

**Title:** D  
**Name:** SCHNEIDER, LAZ  
**Address:** 2325 NE 26 TERRACE  
**City-St-Zip:** FORT LAUDERDALE, FL 33305

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:** SALLY M. RUTTGER

ST

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date