

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90013 026 ****61.25

| | | | |
|--|---|--|---|
| DOCUMENT # N47307 | |  | |
| 1. Entity Name THE PROLOGUE SOCIETY, INC. | | | |
| Principal Place of Business C/O NORTHERN TRUST COMPANY 700 BRICKELL AVE MIAMI, FL | | Mailing Address C/O NORTHERN TRUST COMPANY 700 BRICKELL AVE MIAMI, FL | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SACHER, CHARLES P ESQ SACHER, MARTINI & SACHER, P.A. 2655 LEJEUNE RD, SUITE 1101 CORAL GABLES, FL 33134 | | 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 _____ | | 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. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | CD BETAHCOURT-LEWIS, CARMEN 700 BRICKELL AVENUE MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition * SEE ATTACHED |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARCHMAN, RAY E 700 BRICKELL AVENUE MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CRUZ, DIANE 700 BRICKELL AVE. MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEINTRAUB, ALBERT L 5TH FLR, 2250 SW 3RD AVENUE MIAMI, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u><i>Diane Cruz</i></u> | | Date: <u>1-26-05</u> Daytime Phone #: <u>305-789-1344</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |

ATTACHMENT

N47307

SACHER, MARTINI & SACHER, P.A.

ATTORNEYS AT LAW

2655 LeJeune Road, Suite 1101, Coral Gables, Florida 33134

Telephone: 305/448-3900 • Facsimile: 305/446-9206

Charles P. Sacher
Gregory T. Martini
Charles S. Sacher

January 30, 2006

Nancy A. Richman
Pedro L. Abreu
OF COUNSEL
Martin E. Segal, P.A.

Certified Mail - Return Receipt Requested
Article # 7004 2510 0001 3196 8423

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: The Prologue Society, Inc.
Our File No. 2214-7

Dear Sir or Madam:

On behalf of The Prologue Society, Inc., I enclose herewith the following:

1. 2006 Not-For-Profit Corporation Annual Report;
2. Separate attachment representing Box 11 Additions/Changes to Officers and Directors; and
3. The Prologue Society, Inc. check no. 1163 made payable to Florida Department of State in the amount of \$61.25 representing your filing fee.

Please accept these documents for filing.

Thank you for your attention to this matter.

Very truly yours,



Charles P. Sacher

CPS:jmg
Enclosures
cc: Ms. Carmen Betancourt-Lewis
Ms. Diane Cruz

ATTACHMENT

#N47307

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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| Title Name Street Address City - St - Zip | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL BANDER 500 Alhambra Circle Coral Gables, FL 33134 |
| Title Name Street Address City - St - Zip | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAUL BENJAMIN, D.M.D. 25 SE 2 nd Avenue, Suite 336 Miami, FL 331361 |
| Title Name Street Address City - St - Zip | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILL BLECHMAN, M.D. 5250 SW 84 th Street Miami, FL 33143 |
| Title Name Street Address City - St - Zip | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HOWARD KLEINBERG 14520 SW 79 th Court Palmetto Bay, FL 33158 |
| Title Name Street Address City - St - Zip | D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALFRED ALLAN LEWIS 5660 Collins Avenue, Apt. 4E Miami Beach, FL 33140 |
| Title Name Street Address City - St - Zip | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ARVA PARKS McCABE 1601 S. Miami Avenue Miami, FL 33129 |
| Title Name Street Address City - St - Zip | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DR. ROBERT H. McCABE 1601 S. Miami Avenue Miami, FL 33129 |
| Title Name Street Address City - St - Zip | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GUILLERMO MENENDEZ 7300 Los Pinos Boulevard Coral Gables, FL 33143 |
| Title Name Street Address City - St - Zip | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BECKY ROPER MATKOV Dade Heritage Trust - 190 SE 12 th Terrace Miami, FL 33131 |
| Title Name Street Address City - St - Zip | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DR. GUIDO RUGGIERO, Ph.D. University of Miami - Dept of History - PO Box 248107 Coral Gables, FL 33124 |
| Title Name Street Address City - St - Zip | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT RUWITCH 601 Brickell Key Drive, Apt. 505 Miami, FL 33131 |
| Title Name Street Address City - St - Zip | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOANNE SCHULTE 600 Coral Way, Unit 8 Coral Gables, FL 33134 |
| Title Name Street Address City - St - Zip | D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIANE CRUZ 1119 NW 161 Avenue Pembroke Pines, FL 33028 |
| Title Name Street Address City - St - Zip | C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARMEN BETANCOURT-LEWIS 1111 Grandon Blvd. Apt. B302 Key Biscayne, FL 33149 |