

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47307

FILED
Jan 12, 2010
Secretary of State

Entity Name: THE PROLOGUE SOCIETY, INC.

Current Principal Place of Business:

C/O NORTHERN TRUST COMPANY
700 BRICKELL AVE
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O NORTHERN TRUST COMPANY
700 BRICKELL AVE
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0334615 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SACHER, CHARLES P ESQ
SACHER, MARTINI & SACHER, P.A.
2655 LEJEUNE RD, SUITE 1101
CORAL GABLES, FL 33134 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: CD
Name: BETAHCOURT-LEWIS, CARMEN
Address: 1111 CRANDON BLVD., APT. B302
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D
Name: RUWITCH, ROBERT
Address: 601 BRICKELL KEY DRIVE, APT 505
City-St-Zip: MIAMI, FL 33131

Title: D/ST
Name: CRUZ, DIANE
Address: 1119 NW 161 AVE
City-St-Zip: HOLLYWOOD, FL 33028

Title: D
Name: SCHULTE, JOANNE
Address: 600 CORAL WAY, UNIT 8
City-St-Zip: MIAMI, FL 33134

Title: D
Name: BANDER, MICHAEL
Address: 5000 ALHAMBRA CIRCLE
City-St-Zip: MIAMI, FL 33134

Title: D
Name: BENJAMIN, PAUL DMD
Address: 25 SE 2ND AVE, SUITE 336
City-St-Zip: MIAMI, FL 33136

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: CHARLES P. SACHER

RA

01/12/2010

Electronic Signature of Signing Officer or Director

Date