

# **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 BISCAVNE, 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