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Feb 11, 1999 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-11-1999 90015 034 \*\*\*\*\*61.25

DOCUMENT # N97000006096

1. Corporation Name

PROLOGUE SOCIETY OF PALM BEACH COUNTY, INC.

Principal Place of Business

301 YAMATO ROAD  
C/O NORTHERN TRUST BANK OF FLORIDA N.A.  
BOCA RATON FL 33431

Mailing Address

301 YAMATO ROAD  
C/O NORTHERN TRUST BANK OF FLORIDA N.A.  
BOCA RATON FL 33431



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

10/28/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
65-0792630

Applied For  
Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SACHER, CHARLES P  
2655 LEJEUNE ROAD, #1101  
CORAL GABLES FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [ ] DELETE  
NAME THORPE, LEON F  
STREET ADDRESS 6221 N.W. 21 COURT  
CITY-ST-ZIP BOCA RATON FL 33496

1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME REGAN, DOUGLAS P  
STREET ADDRESS 301 YAMATO ROAD  
CITY-ST-ZIP BOCA RATON FL 33431

2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DST [ ] DELETE  
NAME BRACCI, MICHAEL J  
STREET ADDRESS 11780 U.S. HWY. 1, BLDG. #2, STE. 100  
CITY-ST-ZIP N. PALM BEACH FL 33408

3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME CORBETT, DAN  
STREET ADDRESS 14253 U.S. HWY. 1  
CITY-ST-ZIP JUNO BEACH FL 33408

4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME CURL, DONALD W  
STREET ADDRESS P.O. BOX 3091 (NA)  
CITY-ST-ZIP BOCA RATON FL 33431

5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME WELSHEIMER, WILLIAM  
STREET ADDRESS 3602 S.E. COURT DR.  
CITY-ST-ZIP STUART FL 34997

6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed; or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/99 (561) 622-4600

CR2E037 (1/98)