2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006096

FILED Jan 08, 2009 Secretary of State

Entity Name: PROLOGUE SOCIETY OF PALM BEACH COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 11301 U.S. HWY ONE 11301 U.S. HWY ONE C/O NORTHERN TRUST BANK C/O NORTHERN TRUST NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 **Current Mailing Address:** New Mailing Address: 11301 U.S. HWY ONE 11301 U.S. HWY ONE C/O NORTHERN TRUST BANK C/O NORTHERN TRUST NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 FEI Number: 65-0792630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SACHER, CHARLES P 2655 LEJÉUNE ROAD, #1101 CORAL GABLES, FL US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SEYMOUR, GORT Name: Name: 13725 LE HAVRE DRIVE Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: Title: () Delete Title: () Change () Addition BROOKSHIRE, JONATHAN Name: Name: Address: 11301 US HWY ONE Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: DST () Delete Title: () Change () Addition BRACCI, MICHAEL J Name: Name: 11301 U S HIGHWAY ONE Address: Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: CORBETT, DAN Name: Address: 14253 U.S. HWY. 1 Address: City-St-Zip: JUNO BEACH, FL 33408 City-St-Zip: Title: () Delete Title: () Change () Addition CRARY, RICK II Name: Name: 722 S.W. KEATS AVE Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: () Delete Title: () Change () Addition GERBUS, JACQUELINE Name: Name: Address: 11301 US HWY ONE Address: NORTH PALM BEACH, FL 33408 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACQUELINE L. GERBUS ST 01/08/2009