

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47307

FILED
Jun 11, 2014
Secretary of State
CC4959661479

Entity Name: THE PROLOGUE SOCIETY, INC.

Current Principal Place of Business:

C/O DABNEY PARK
3920 DURANGO STREET
CORAL GABLES , FL 33134

Current Mailing Address:

C/O DABNEY PARK
3920 DURANGO STREET
CORAL GABLES, FL 33134 US

FEI Number: 65-0334615

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SACHER, CHARLES PESQ
SACHER, MARTINI & SACHER, P.A.
2655 LEJEUNE RD, SUITE 1101
CORAL GABLES, FL 33134 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

Officer/Director Detail :

Title	DIRECTOR
Name	MCCABE, ARVA P
Address	1601 S. MIAMI AVENUE
City-State-Zip:	MIAMI FL 33129
Title	DIRECTOR
Name	CRUZ, DIANE
Address	1119 NW 161 AVE
City-State-Zip:	HOLLYWOOD FL 33028
Title	D
Name	BANDER, MICHAEL
Address	500 ALHAMBRA CIRCLE
City-State-Zip:	MIAMI FL 33134
Title	OFFICER
Name	KLEINBERG, HOWARD
Address	14520 SW 79TH COURT
City-State-Zip:	PALMETTO BAY FL 33158

Title	D
Name	RUWITCH, ROBERT
Address	601 BRICKELL KEY DRIVE, APT 505
City-State-Zip:	MIAMI FL 33131
Title	D
Name	BLECHMAN, WIL
Address	5250 SW 84TH STREET
City-State-Zip:	MIAMI FL 33143
Title	D
Name	MARCHMAN, RAY
Address	520 BRICKELL KEY DRIVE, PH00
City-State-Zip:	MIAMI FL 33131
Title	OFFICER
Name	HAUSER, JAMES
Address	3191 CORAL WAY, SUITE 626
City-State-Zip:	MIAMI FL 33145

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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: DIANE CRUZ

DIRECTOR

06/11/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name IBARGUEN, SUSANA
Address 3 GROVE ISLE DRIVE
City-State-Zip: MIAMI FL 33133

Title OFFICER
Name MIYER, MARY J
Address 7155 OLD CUTLER ROAD
City-State-Zip: CORAL GABLES FL 33143

Title OFFICER
Name BLECHMAN, RACHEL
Address 5250 SW 84TH STREET
City-State-Zip: MIAMI FL 33143