


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90175 005 \*\*\*\*61.25

<b>DOCUMENT # 754746</b> 1. Entity Name <b>THE BROACH SCHOOL OF JACKSONVILLE, INC.</b>					
Principal Place of Business <b>1542 KINGSLEY AVENUE SUITE 136 ORANGE PARK, FL 32073 US</b>			Mailing Address <b>1542 KINGSLEY AVENUE SUITE 136 ORANGE PARK, FL 32073 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2036651</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BROACH, TOMMIE J 1542 KINGSLEY AVENUE SUITE 136 ORANGE PARK, FL 32073</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROACH, LARRY K MR.		NAME		
STREET ADDRESS	201 E. KARI CT.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32259		CITY - ST - ZIP		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROACH, TOMMIE J DR.		NAME		
STREET ADDRESS	564 GOLDEN LINKS DRIVE		STREET ADDRESS		
CITY - ST - ZIP	ORANGE PARK, FL 32073		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHUKE, KATHY MRS.		NAME		
STREET ADDRESS	8233 GLASGOW CT.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL		CITY - ST - ZIP		
TITLE	D/C	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, LARRY MR.		NAME	Dr. Douglas Parker	
STREET ADDRESS	970 ORANGEWOOD ROAD		STREET ADDRESS	2415 University Blvd. W	
CITY - ST - ZIP	JACKSONVILLE, FL		CITY - ST - ZIP	Jacksonville, FL 32217	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DARM, ADAM E DR.		NAME	Mr. Ciro Camacho	
STREET ADDRESS	564 GOLDEN LINKS DRIVE		STREET ADDRESS	3697 Crown Point Court	
CITY - ST - ZIP	ORANGE PARK, FL 32073		CITY - ST - ZIP	Jacksonville, FL 32257	
TITLE	S/T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARLAND, PAT MRS.		NAME		
STREET ADDRESS	663 WELLS LANDING DRIVE		STREET ADDRESS		
CITY - ST - ZIP	ORANGE PARK, FL 32073		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Tommie J Broach</i>			4/26/06 (904) 388-2601		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		