


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 754746		
1. Entity Name THE BROACH SCHOOL OF JACKSONVILLE, INC.		
Principal Place of Business 1542 KINGSLEY AVENUE SUITE 136 ORANGE PARK, FL 32073 US		Mailing Address 1542 KINGSLEY AVENUE SUITE 136 ORANGE PARK, FL 32073 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BROACH, TOMMIE J 1542 KINGSLEY AVENUE SUITE 136 ORANGE PARK, FL 32073		DO NOT WRITE IN THIS SPACE
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)</small>		
Filing Fee is \$81.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	VP D	
NAME	BROACH, LARRY K MR.	
STREET ADDRESS	201 E. KARI CT.	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	P/D	
NAME	BROACH, TOMMIE J DR.	
STREET ADDRESS	564 GOLDEN LINKS DRIVE	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	D	
NAME	SHUKE, KATHY MRS.	
STREET ADDRESS	8233 GLASGOW CT.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D/C	
NAME	PARKER, DOUGLAS DR.	
STREET ADDRESS	2415 UNIVERSITY BLVD. W	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	D	
NAME	CAMACHO, CIRO MR.	
STREET ADDRESS	3697 CROWN PINT COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	S/T	
NAME	GARLAND, PAT MRS.	
STREET ADDRESS	663 WELLS LANDING DRIVE	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
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.		
SIGNATURE: <u>Tommie J. Broach</u>		Date: <u>6/1/2007</u> Daytime Phone #: <u>(904) 637-0140</u>



06012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2036651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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06/12/07-80004-011 61.25

**DO NOT WRITE
IN THIS SPACE**