

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754746

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** THE BROACH SCHOOL OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

1542 KINGSLEY AVENUE  
SUITE 136  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

1542 KINGSLEY AVENUE  
SUITE 136  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

**FEI Number:** 59-2036651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROACH, TOMMIE J  
1542 KINGSLEY AVENUE  
SUITE 136  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

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:**

Title: VP D ( ) Delete  
Name: BROACH, LARRY K MR.  
Address: 201 E. KARI CT.  
City-St-Zip: JACKSONVILLE, FL 32259

Title: P/D ( ) Delete  
Name: BROACH, TOMMIE J DR.  
Address: 564 GOLDEN LINKS DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: SHUKE, KATHY MRS.  
Address: 8233 GLASGOW CT.  
City-St-Zip: JACKSONVILLE, FL

Title: D/C ( ) Delete  
Name: PARKER, DOUGLAS DR.  
Address: 2415 UNIVERSITY BLVD. W  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete  
Name: CAMACHO, CIRO MR.  
Address: 3697 CROWN PINT COURT  
City-St-Zip: JACKSONVILLE, FL 32257

Title: S/T ( ) Delete  
Name: GARLAND, PAT MRS.  
Address: 663 WELLS LANDING DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: TOMMIE J. BROACH

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date