2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2009
Secretary of State

DOCUMENT# 754746

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:

772 FOXRIDGE CENTER DRIVE SUITE 136
ORANGE PARK, FL 32065 US

Current Mailing Address:

1542 KINGSLEY AVENUE
SUITE 136
ORANGE PARK, FL 32073 US

New Mailing Address:

84 KNIGHT BOXX ROAD
ORANGE PARK, FL 32065 US

FEI Number: 59-2036651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

BROACH, TOMMIE J
84 KNIGHT BOXX ROAD
ORANGE PARK, FL 32065 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: _____ 07/30/2009
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:	D/C	(X) Change ( ) Addition
Name:	PARKER, DOUGLAS DR.	
Address:	4131 SOUTHSIDE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32216	
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: DR. TOMMIE J. BROACH P 07/30/2009
Electronic Signature of Signing Officer or Director — Date