

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754746

FILED  
Apr 29, 2010  
Secretary of State

Entity Name: THE BROACH SCHOOL OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

84 KNIGHT BOXX ROAD  
ORANGE PARK, FL 32065 US

**New Mailing Address:**

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

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  
84 KNIGHT BOXX ROAD  
ORANGE PARK, FL 32065 US

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

BROACH, TOMMIE J  
772 FOXRIDGE CENTER DRIVE  
SUITE 136  
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: TOMMIE J. BROACH

04/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: VP/D  
Name: SHUKE, KATHY MRS.  
Address: 8233 GLASGOW CT.  
City-St-Zip: JACKSONVILLE, FL

Title: S/T  
Name: FOSTER, KATHRYN A MRS.  
Address: 956 SANDPIPER LANE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: DARM, ADAM MR.  
Address: 564 GOLDEN LINKS DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: GARLAND, PAT MRS.  
Address: 663 WELLS LANDING DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

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: KATHRYN A. FOSTER

S/T

04/29/2010

Electronic Signature of Signing Officer or Director

Date