2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# 754746

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:

Current Mailing Address:

772 FOXRIDGE CENTER DRIVE
SUITE 136
ORANGE PARK, FL 32065 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
772 FOXRIDGE CENTER DRIVE
SUITE 136
ORANGE PARK, FL 32065 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: P/D
Name: BROACH, TOMMIE J DR.
Address: 564 GOLDEN LINKS DRIVE
City-St-Zip: ORANGE PARK, FL 32073

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

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

Title: D
Name: DARM, LAUREN MS.
Address: 4248 METRON DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

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 FOSTER VP 04/24/2012

Electronic Signature of Signing Officer or Director Date