

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90045 026 \*\*\*\*61.25

<b>DOCUMENT # N02000008638</b> 1. Entity Name <b>BROAD REACH FOUNDATION, INC.</b>					
Principal Place of Business 63 NORTH RIVER ROAD STUART, FL 34996			Mailing Address 63 NORTH RIVER ROAD STUART, FL 34996		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>54-2082252</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HODDER, ROBERT E</b> <b>63 NORTH RIVER ROAD</b> <b>STUART, FL 34696</b>				7. Name and Address of New Registered Agent Name <b>HODDER, JEAN R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>63 NORTH RIVER ROAD</b> City <b>STUART</b> <b>FL</b> Zip Code <b>34996</b>	
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 <u><i>Jean R Hodder</i></u> <b>JEAN R. HODDER TREASURER DIRECTOR</b> <span style="float: right;">2/8/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HODDER, ROBERT E 63 NORTH RIVER ROAD STUART, FL 34696	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HODDER, LAURA L. 1700 46TH AVE SAN FRANCISCO, CA 94122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HODDER, LAURA L 1700 46TH AVE. SAN FRANCISCO, CA 94122	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEPHENS, WARREN 1001 WOODLOT RIDGE CHAPEL HILL, NC 27516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HODDER, JEAN R 63 NORTH RIVER ROAD STUART, FL 34696	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEPHENS, REBECCA 1001 WOODLOT RIDGE CHAPEL HILL, NC 27516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HODDER, JEAN R. 63 NORTH RIVER ROAD STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u><i>Jean R Hodder</i></u> <b>JEAN R. HODDER</b>				2/8/05 772 283-1792 <small>Date Daytime Phone #</small>	