


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90200 002 ****61.25

| | |
|---|---|
| DOCUMENT # N02000008638 |  |
| 1. Entity Name BROAD REACH FOUNDATION, INC. | |

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| Principal Place of Business 63 NORTH RIVER ROAD STUART, FL 34996 | Mailing Address 63 NORTH RIVER ROAD STUART, FL 34996 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



01102006 Chg-NP CR2E037 (11/05)

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|---|--|--|
| 4. FEI Number 54-2082252 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HODDER, JEAN R 63 NORTH RIVER ROAD STUART, FL 34696 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|---|---|---------------------------------------|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HODDER, ROBERT E 1700 46TH AVE SAN FRANCISCO, CA 94122 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HODDER, LAURA L 1700 46TH AVE SAN FRANCISCO, CA 94122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HOODER, LAURA L 1001 WOODLOT RIDGE CHAPEL HILL, NC 27516 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STEPHENS, WARREN 1001 WOODLOT RIDGE CHAPEL HILL, NC 27516 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STEVENS, REBECCA 1001 WOODLET RIDGE CHAPEL HILL, NC 27516 <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 | TD HODDER, JEAN R 63 NORTH RIVER ROAD STUART, FL 34996 <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 | 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 | 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 exemptions contained 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 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.

SIGNATURE: Jean R Hodder **JEAN R. HODDER** 1-10-06 772 283-1792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #