70.00

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N9400004241 1. Entity Name BRCH PROPERTIES, INC.								FILED 04 APR 23 PM 3: 03				
Principal Place of Business 800 MEADOWS RD. BOCA RATON, FL 33486				Mailing Address 800 MEADOWS RD. BOCA RATON, FL 33486				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04132004	Chg-NP	CR2E03	7 (10/03)	
City & State				City & State				4. FEI Number 59-3298	309		No	plied For t Applicable
Zip	Country			Zip		Country			f Status Desired	- NZI	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent Nar								7. Name and A	Address of New F	legistered A	gent	
RISNER, F 800 MEAD BOGA RAT		Street Address (I			P.O. Box Number is Not Acceptable)							
BOCA RATON, FL 33486						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, 2004 9. Election Campaign Financing Trust Fund Contribution.								\$5.00 May Be Added to Fees			payable to ment of St	
10.	OFFICERS AND DIRECTORS						Α		NGES TO OFFICE			
NAME STREET ADDRESS CITY-ST-ZIP	STRACK, JOHN 800 MEADOWS RD.					ADDRESS T-ZIP		40 05/11	00036: /040104	0 58 7030	1 3 3 4 **210	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete MOORE, MATTHEW A 800 MEADOWS RD. BOCA RATON, FL 33486					ADDRESS T-ZIP	D/S Ris 800	ner, Pau meadow Boca	s Rd. Raton,	PL 339	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	E, A.E. DOWS RD. TON, FL 33486		Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	D/T Me: 800	nke, Ke meadows Boca f	nneth.	3348	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY-S						Change	☐ 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 supplied mental report is true and occurate 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 refereiver or posted 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 ories like empowered. SIGNATURE: SIGNATURE: Risker 4/22/04 955-4288												
SIGNAT	UHE: _	SIGNATURE AND TYP	ED OR PRINTED NA	ME OF SIGNING OFFICER	OFFICE	/_`			Date // C	701	aytime Phone #	