

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000004241

1. Entity Name
BRCH PROPERTIES, INC.



Principal Place of Business

800 MEADOWS RD.
BOCA RATON, FL 33486

Mailing Address

800 MEADOWS RD.
BOCA RATON, FL 33486



01272006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3298309

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

RISNER, PAUL E ESQ
800 MEADOWS RD
BOCA RATON COMMUNITY HOSP
BOCA RATON, FL 33486

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IN THIS SPACE**

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.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	0
NAME	STRACK, GARY
STREET ADDRESS	800 MEADOWS RD.
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	SD
NAME	RISNER, PAUL
STREET ADDRESS	800 MEADOWS RD.
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	TD
NAME	MEINKE, KENNETH
STREET ADDRESS	800 MEADOWS RD.
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/06-80038-008 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/02/06 (SW)
955-4203

Date

Daytime Phone #