

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707373 (7)
1. Corporation Name
ARCH CREEK BIBLE CHAPEL, INC.



Principal Place of Business: **13740 NORTHEAST 20TH PLACE NORTH MIAMI BEACH FL 33181-1606**
Mailing Address: **13740 NORTHEAST 20TH PLACE NORTH MIAMI BEACH FL 33181-1606**
2331 HAVANA DR MIRAMAR, FL 33023

3. Date Incorporated or Qualified: **06/02/1964**
3a. Date of Last Report: **07/07/1995**
4. FEI Number: **59-1866013**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26** **2331 HAVANA DR**
Suite, Apt. #, etc.: **22**
City & State: **23** **MIRAMAR, FL**
Zip: **24** **33023** Country: **25**
City & State: **28** **MIRAMAR, FL**
Zip: **29** **33023** Country: **30** **FLORIDA**

9. Name and Address of Current Registered Agent
YOUNCE, CRAIG
13315 N.W. 18 CT
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent
81 Name: **NATHAN MCGUIRE**
82 Street Address (P.O. Box Number is Not Acceptable): **2331 HAVANA DR**
83
84 City: **MIRAMAR** FL 85 Zip Code: **33023**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Nathan McGuire*
Signature, typed or printed name of registered agent and title (if applicable)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUPAY, MARY	
STREET ADDRESS	2255 N.E. 135 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SESSIONS, WANA	
STREET ADDRESS	1886 NE 178 STREET	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CUNNINGHAM, CHARLES MICHAEL	
STREET ADDRESS	2290 N.E. 135 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCGUIRE, NATHAN	
STREET ADDRESS	2331 HAVANA DRIVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT	
1.3 STREET ADDRESS	RON WARD	
1.4 CITY-ST-ZIP	6160 HARDING ST. HOLLYWOOD, FL 33084	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SECRETARY	
2.3 STREET ADDRESS	LAURENCE TURKOL	
2.4 CITY-ST-ZIP	1030 NE 151 ST N. MIAMI BCH, FL 33162	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SECRETARY	
3.3 STREET ADDRESS	EILEEN TURKOL	
3.4 CITY-ST-ZIP	130 NE 151 ST N. MIAMI BCH, FL-33162	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TREASURER	
4.3 STREET ADDRESS	NATHAN MCGUIRE	
4.4 CITY-ST-ZIP	2331 HAVANA DR, MIRAMAR, FL 33023	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nathan McGuire* **Treasurer** **3-4-96** **954 983 5968**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)