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Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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:

2331 HAVANA DR  
MIRAMAR FL 33023-3542

3. Date Incorporated or Qualified  
06/02/1964

3a. Date of Last Report  
03/26/1996

2. Principal Place of Business:

21 13740 NE, 20th Pl  
Suite, Apt. #, etc

2a. Mailing Address:

26 2331 HAVANA DR  
Suite, Apt. #, etc

4. FEI Number  
59-1866013

Applied For  
Not Applicable

22. City & State:

23 N. Miami Bch, FL  
Zip Country

27. City & State:

28 MIRAMAR, FL.  
Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 33181

25 Dade

29 33023

30 BROWARD

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

MCGUIRE, NATHAN  
2331 HAVANA DR  
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

|    |   |
|----|---|
| 81 | Name  |
| 82 | Street Address (P. O. Box Number is Not Acceptable) |
| 83 |   |
| 84 | City  |
| 85 | Zip Code  |

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 office 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

(Print name of person filing this report and the name of applicable officer or director.)

(NOTE: Registered Agent's signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | PD                   | <input type="checkbox"/> DELETE |
| NAME           | WARD, RON            |                                 |
| STREET ADDRESS | 6160 HRDING ST       |                                 |
| CITY- ST- ZIP  | HOLLYWOOD FL 33024   |                                 |
| TITLE          | SD                   | <input type="checkbox"/> DELETE |
| NAME           | TURKEL, LAURENCE     |                                 |
| STREET ADDRESS | 1030 NE 151 ST       |                                 |
| CITY- ST- ZIP  | N MIAMI BCH FL 33162 |                                 |
| TITLE          | SD                   | <input type="checkbox"/> DELETE |
| NAME           | TURKEL, EILEEN       |                                 |
| STREET ADDRESS | 130 NE 151 ST        |                                 |
| CITY- ST- ZIP  | N MIAMI BCH FL 33162 |                                 |
| TITLE          | TD                   | <input type="checkbox"/> DELETE |
| NAME           | MCGUIRE, NATHAN      |                                 |
| STREET ADDRESS | 2331 HAVANA DR       |                                 |
| CITY- ST- ZIP  | MIRAMAR FL 33023     |                                 |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY- ST- ZIP  |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY- ST- ZIP  |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY- ST- ZIP  |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY- ST- ZIP  |   |
| 5.1 TITLE          | <input 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-97  
Date

Daytime Phone # 0023623

CR2E037 (9/96)