

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90054 034 ****61.25

C0033417

DO NOT WRITE IN THIS SPACE

DOCUMENT # 707373
 1. Entity Name
 ARCH CREEK Bible CHAPEL Inc

Principal Place of Business Mailing Address
 13740 NE 20th PL. 2331 HAVANA DR
 N. MIAMI Bch, FL MIRAMAR, FL
 33181 33023

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 59-1866013 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NATHAN Mc GUIRE
 2331 HAVANA DR
 MIRAMAR, FL 33023

7. Name and Address of New Registered Agent
 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.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P D	<input checked="" type="checkbox"/> Delete
NAME	RON WARD	
STREET ADDRESS	6160 HARDING ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	S D	<input type="checkbox"/> Delete
NAME	EILEEN TURKEL	
STREET ADDRESS	1030 NE 151 TERR	
CITY-ST-ZIP	N. MIAMI, FL 33162	
TITLE	P D	<input type="checkbox"/> Delete
NAME	NATHAN Mc GUIRE	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT MOSS	
STREET ADDRESS	20341 NE 15TH AVE	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EILEEN TURKEL	
STREET ADDRESS	20731 NE 4TH PL #103	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: NATHAN Mc GUIRE Pres. 3-2-00 954-983-5968

CR2E037 (9/99)