CP2Fn37 (9/01

## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 05, 2002 8:00 am DOCUMENT # **707373** Secretary of State 1. Entity Name 02-05-2002 90023 009 \*\*\*\*61.25 ARCH CREEK BIBLE CHAPEL, INC. Principal Place of Business Mailing Address 2331 HAVANA DR 13740 N.E. 20TH PL N. MIAMI BEACH FL 33181 MIRAMAR FL 33023 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & Vate Applied For 4. FEi Number City & State 59-1866013 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O MCGUIRE, NATHAN 2331 HAVANA DR MIRAMAR FL 33023 City 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. 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE ☐ Delete TITLE MOSS, ROBERT NAME STREET ADDRESS STREET ADDRESS 20341 NE 15TH AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33179 Change** ☐ Addition Delete TITLE TITLE Mr. Johnny Joachim TURKEL, EILEEN NAME 20731 NE 4TH PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33179** CITY-ST-ZIP Change Delete ☐ Addition TITLE MCGUIRE, NATHAN NAME STREET ADDRESS STREET ADDRESS 2331 HAVANA DR CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-ZIP ☐ Delete TITLE TITLE VEILLIEUX, ROLLAND NAME NAME 13730 HIGHLAND DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIE N MIAMI BEACH FL 33181 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP