

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90121 004 ****61.25

DOCUMENT # 707373

1. Entity Name
ARCH CREEK BIBLE CHAPEL, INC.



Principal Place of Business

**13740 N.E. 20TH PL
N. MIAMI BEACH FL 33181
US**

Mailing Address

**2331 HAVANA DR
MIRAMAR FL 33023
US**

90003547



2. Principal Place of Business

3. Mailing Address

13740 NE 20TH PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

North Miami Beach, FL

4. FEI Number **59-1866013**

Applied For

Not Applicable

Zip

Country

Zip

Country

33181

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURKEL, EILEEN
20731 NE 4 PL UNIT 103
MIAMI FL 33179**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSS, ROBERT 20341 NE 15TH AVE MIAMI FL 33179	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURKEL, EILEEN 2250 NE 137TH ST MIAMI FL 33181	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOACHIN, JOHNNY 2250 NE 137TH ST MIAMI FL 33181	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEILLIEUX, ROLLAND 13730 HIGHLAND DR N MIAMI BEACH FL 33181	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Robert Moss

1/9/03 (305) 449-5994

CR2E037 (10/02)