


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90041 042 ****61.25

DOCUMENT # 756668
 1. Entity Name
ARCH CREEK TRUST, INC.



Principal Place of Business
 1855 NE 135TH STREET
 NORTH MIAMI, FL 33181-8901

Mailing Address
 1855 NE 135TH STREET
 NORTH MIAMI, FL 33181-8901

94014303



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01122004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-2214211

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HELENE, CAROL
431 NW 146 ST
MIAMI, FL 33168

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. 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

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	VOYCE, ROSEY	
STREET ADDRESS	14141 N.W. 1 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FISHER, ROSEMARY	
STREET ADDRESS	880 NE 69 ST #64	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEILL, BURNHAM	
STREET ADDRESS	671 NE 72ST ST	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	P	<input type="checkbox"/> Delete
NAME	HELENE, CAROL	
STREET ADDRESS	431 NW 146 ST	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WERBA, AMY	
STREET ADDRESS	2374 NE 183 TERR	
CITY-ST-ZIP	N. MIAMI BEACH, FL 331602029	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINN, JOAN	
STREET ADDRESS	380 NW 129 ST	
CITY-ST-ZIP	MIAMI, FL 33161	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INEZ COUCH	
STREET ADDRESS	1050 NE 131 ST	
CITY-ST-ZIP	N-MIAMI, FL 33161	
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: *Amy J. Werba* **AMY J. WERBA** 1/13/04 305-935-4364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #