


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



03162005 No Chg-NP      CR2E037 (10/03)

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**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	VOYCE, ROSEY
STREET ADDRESS	14141 N.W. 1 AVENUE
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	S
NAME	COUCH, INEZ
STREET ADDRESS	1050 NE 131 ST.
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	D
NAME	NEILL, BURNHAM
STREET ADDRESS	671 NE 72ST ST
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	P
NAME	HELENE, CAROL
STREET ADDRESS	431 NW 146 ST
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	TD
NAME	WERBA, AMY
STREET ADDRESS	2374 NE 183 TERR
CITY-ST-ZIP	N. MIAMI BEACH, FL 331602029
TITLE	D
NAME	QUINN, JOAN
STREET ADDRESS	380 NW 129 ST
CITY-ST-ZIP	MIAMI, FL 33161

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IN THIS SPACE**

000000315545  
04/19/05-80040-005 61.25

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**      **3/16/05**      **305-788-0484**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #