

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

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



03162005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

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

000000315545  
04/19/05-80040-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 #