



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90299 025 \*\*\*\*61.25

<b>DOCUMENT # 756668</b> 1. Entity Name <b>ARCH CREEK TRUST, INC.</b>					
Principal Place of Business <b>1855 NE 135TH STREET NORTH MIAMI, FL 33181-8901</b>			Mailing Address <b>1855 NE 135TH STREET NORTH MIAMI, FL 33181-8901</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>HELENE, CAROL 431 NW 146 ST MIAMI, FL 33168</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VOYCE, ROSEY</b> <b>14141 N.W. 1 AVENUE</b> <b>MIAMI, FL 33168</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>COUCH, INEZ</b> <b>1050 NE 131 ST.</b> <b>MIAMI, FL 33161</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEILL, BURNHAM</b> <b>671-NE-72ST-ST</b> <b>MIAMI, FL 33138</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEILL, BURNHAM</b> <b>671-NE-71st ST</b> <b>MIAMI, FL 33138</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HELENE, CAROL</b> <b>431 NW 146 ST</b> <b>MIAMI, FL 33168</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WERBA, AMY</b> <b>2374 NE 183 TERR</b> <b>N. MIAMI BEACH, FL 331602029</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>QUINN, JOAN</b> <b>380 NW 129 ST</b> <b>MIAMI, FL 33161</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>QUINN, JOAN</b> <b>16950 W. DIXIE HWY APT 535A</b> <b>N. MIAMI BEACH, FL 33160</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>  <b>AMY J. WERBA</b> <b>3/8/2006</b> <b>(305) 935-4364</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40070676



03072006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2214211** Applied For ☒ Not Applicable ☐

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