

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756668

FILED
Apr 05, 2007
Secretary of State

Entity Name: ARCH CREEK TRUST, INC.

Current Principal Place of Business:

1855 NE 135TH STREET
NORTH MIAMI, FL 331818901

New Principal Place of Business:

Current Mailing Address:

1855 NE 135TH STREET
NORTH MIAMI, FL 331818901

New Mailing Address:

431 NW 146 ST
MIAMI, FL 33168

FEI Number: 59-2214211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELENE, CAROL
431 NW 146 ST
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: VOYCE, ROSEY
Address: 14141 N.W. 1 AVENUE
City-St-Zip: MIAMI, FL 33168

Title: S () Delete
Name: COUCH, INEZ
Address: 1050 NE 131 ST.
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: NEILL, BURNHAM
Address: 671 NE 71ST ST
City-St-Zip: MIAMI, FL 33138

Title: P () Delete
Name: HELENE, CAROL
Address: 431 NW 146 ST
City-St-Zip: MIAMI, FL 33168

Title: TD () Delete
Name: WERBA, AMY
Address: 2374 NE 183 TERR
City-St-Zip: N. MIAMI BEACH, FL 331602029

Title: D () Delete
Name: QUINN, JOAN
Address: 16950 W DIXIE HWY., APT 535A
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY J WERBA

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04/05/2007

Electronic Signature of Signing Officer or Director

Date