2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001198

Entity Name: CALVARY CHAPEL AVENTURA, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 20137 NW 36 CT 20450 W.DIXIE HWY MIAMI, FL 33056 US AVENTURA, FL 33180 US **Current Mailing Address: New Mailing Address:** 20137 NW 36 CT PO BOX 801704 MIAMI GARDENS, FL 33056 US AVENTURA, FL 33280 US FEI Number: 84-1637560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BATISTA, VICTORIANO 20137 NW 36 CT MIAMI GARDENS, FL 33056 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BATISTA, VICTORIANO Name: Name: Address: 20137 NW 36 CT Address: City-St-Zip: MIAMI GARDENS, FL 33056 US City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: CHINELLY, JOHN Name: BATISTA, VICTORIANO Address: 2802 N 46TH AVE #B215 Address: 20137 NW 36CT City-St-Zip: HOLLYWOOD, FL 330212927 US City-St-Zip: MIAMI, FL 33056 US Title: () Delete Title: () Change () Addition FOUNTAIN, ROBERT Name: Name: 11000 NE 9TH CT Address: Address: City-St-Zip: BISCAYNE PARK, FL 33161 US City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: VASQUEZ, RAZZ W 1645 S.W 86TH AVE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify 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: VICTORIANO BATISTA P 04/30/2007