2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 08:00 AM Secretary of State DOCUMENT # N93000002727 1. Entity Name THE CHURCH AT AVENTURA, INC. Principal Place of Business Mailing Address 20900 W DIXIE HWY 20900 W DIXIE HWY MIAMI FL 33180 MIAMI LF 33180 2. Principal Place of Business 3. Mailing Address Suite, Apr #, etc. Surte, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-0420531 Not Applicat Z_{10} Country Zio Country. \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEYSER, WILLARD Street Address (P.O. Box Number is Not Acceptable) 20900 W DIXIE HWY **MIAMI FL 33180** City 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registricid agent and title if applicable (NOTE: Pregratized Agent signature required when reinstating) SAIL FILE NOW: FEE IS \$61,25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to \Box Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PO mile ☐ Defete urce Change □ Add. KEYSER, WILLARD H000008447863 NAME 14910 N.W. 6 CT. 8/08/06-80073-010 61.25 STREET ADORESS STREET ADDRESS CITY ST-709 MIAMI FL 33168 688Y-51-289 TD ME ☐ Delete DDEChange [] A HEURING, KARL KLAUS NAME STREET ACCRESS 2201 S OCEAN DRIVE 2506 STREET ADDRESS CITY-ST-CIP HOLLYWOOD FL 33019 CHY-ST-ZIP TITLE TD ☐ Delete 117FE Change MARKE DEVON, MARCUS NAME 700 NW 200 TERR STREET ADDRESS. STREET ADDRESS MIAMI FL 33159 CITY - ST - 27P CSTY - ST- I/P TR TITLE ☐ Delete TIME ☐ Change WEBB, WAYNE NAME STREET ADDRESS 1731 HARBORSIDE DRIVE STREET ADDRESS CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Asi NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Arii Change NAME N/AME STREET AGORESS STREET ADDRESS CITY-ST-ZTP CRY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informating 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 directly 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 that changed, or on an altationent with an address, with all other like empowered.

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