2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2008 8:00 am Secretary of State DOCUMENT # N93000002727 1. Entity Name 05-09-2008 90009 023 ****61.25 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 - No P.O. Box # 3. Mailing Address 14910 NW 6 CT Suite, Apt. #. etc. 14910 NW6C+ Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 65-0420531 MIAN MIAMI Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEYSER, WILLARD. Street Address (P.O. Box Number is Not Accoptable) 20900 W DIXIE HWY **MIAMI FL 33180** for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entiry submits this statem the obligations of registered agent. (NOTE: Begistered Agent signature required when roastating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution, Added to Fees Florida Department of State That is be believed. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Change KEYSER, WILLARD NAME NAME 14910 N.W. 6 CT. STREET ADDRESS STREET ADDRESS MIAMI FL 33168 CITY-ST-ZIP CITY ST-ZIP Delete Title Addition HEURING, KARL KLAUS NAME NAME 2201 S OCEAN DRIVE 2506 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE HORWITZ Renee 18151 NE 31 Court NAME DEVON, MARCUS NAME 700 NW 200 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP TR ☐ Delete TITLE ncitibbA 🔲 WEBB, WAYNE NAME NAME 1731 HARBORSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZiP THIE Delete TITLE ☐ Change ☐ Addition NAME NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. Thereby 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 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR