## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002727

Address:

City-St-Zip:

1731 HARBORSIDE DRIVE

WESTON, FL 33326

tity Name: THE CHURCH AT AVENTURA

FILED Apr 16, 2009 Secretary of State

Entity Nai	me: THE CHU	JRCH AT AVENTURA, INC.					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
14910 NW MIAMI, FL							
Current M	lailing Addres	ss:	New Mailing Address:				
14910 NW MIAMI, FL							
FEI Number:	: 65-0420531	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired (	)	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
KEYSER, Y 20900 W D MIAMI, FL	DIXIE HWY		2450 N.E.1 103	KEYSER, WILLARD 2450 N.E.186 STREET 103 MIAMI, FL 33180 US			
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or	both,	
SIGNATUR	RE: WILLARD	KEYSER		04/16/2009			
	Electror	nic Signature of Registered Age	ent		Date		
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD ( ) KEYSER, WILL 14910 N.W. 6 ( MIAMI, FL 331	DT.	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	TD ( ) DIAGOSTINO, I 2545 NE 207 T MIAMI, FL 331	ERRACE	Title: Name: Address: City-St-Zip:	TD ( KEYSER, CLA 14910 N.W. 6 MIAMI, FL 33	COURT		
Title: Name: Address: City-St-Zip:	TD ( ) HORWITZ, REI 12151 NE 31 C AVENTURA, FL	OURT	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name:	TR ( ) WEBB, WAYNE	Delete	Title: Name:	(	) Change ( ) Addition		

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.

Address:

City-St-Zip:

SIGNATURE: WILLARD KEYSER PRES 04/16/2009