

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002848

FILED  
May 15, 2007  
Secretary of State

**Entity Name:** PANORAMA FAMILY CHURCH INTERNATIONAL, INC.

**Current Principal Place of Business:**

9630 NW 2ND STREET  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1914  
MIAMI, FL 33055

**New Mailing Address:**

**FEI Number:** 65-1006384      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SMALL, CARLTON  
9630 NW 2ND ST  
PEMBROKE PINES, FL 33024      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:**

Title: D      ( ) Delete  
Name: SMALL, CARLTON  
Address: 9630 NW 2ND ST  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D      ( ) Delete  
Name: CHAMBERS, JOHN  
Address: 3692 THOMAS AVE  
City-St-Zip: MIAMI, FL 33133

Title: D      ( ) Delete  
Name: HUNT, YOLANDA  
Address: 755 NW 175TH STREET  
City-St-Zip: MIAMI, FL 33169

**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:

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: CARLTON SMALL

D

05/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date