2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002848

Current Principal Place of Business:

5808 N. UNIVERSITY DR

FILED Jul 22, 2009 Secretary of State

New Principal Place of Business:

5820 N. UNIVERSITY DR

Entity Name: PANORAMA FAMILY CHURCH INTERNATIONAL, INC.

FT. LAUDERDALE, FL 33326 FT. LAUDERDALE, FL 33321 US **Current Mailing Address: New Mailing Address:** PO BOX 1914 5820 N. UNIVERSITY DR MIAMI, FL 33055 FT. LAUDERDALE, FL 33321 US FEI Number: 65-1006384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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 SMALL, CARLTON 5820 N. UNIVERSITY DR. 9630 NW 2ND ST US #108 FT. LAUDERDALE, FL 33321 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: 07/22/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SMALL, CARLTON SMALL, CARLTON Name: Name: Address: 9630 NW 2ND ST #108 Address: 5820 N. UNIVERSITY DR City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: FT. LAUDERDALE, FL 33321 US () Delete Title: Title: () Change () Addition CHAMBERS, JOHN Name: Name: Address: 3692 THOMAS AVE Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition JAMES, WALLACE Name: Name: 9761 SW 220 STREET Address: Address: City-St-Zip: CUTLER BAY, FL 33190 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 07/22/2009