

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90074 025 \*\*\*\*70.00

**DOCUMENT # N00000002848**

1. Entity Name

**PANORAMA FAMILY CHURCH INTERNATIONAL, INC.**



Principal Place of Business

**9630 NW 2ND STREET  
PEMBROKE PINES FL 33024**

Mailing Address

**PO BOX 1914  
MIAMI FL 33055**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1006384**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMALL, CARLTON  
3400 NW 195TH TERRACE  
MIAMI FL 33055**

Name **Carlton Small**  
Street Address (P.O. Box Number is Not Acceptable)

**9630 NW 2nd Street**  
City **Pembroke Pines** FL Zip Code **33024**

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/8/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **SMALL, CARLTON**  
STREET ADDRESS **3400 NW 195TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE ☒ Change ☐ Addition  
NAME **Carlton Small**  
STREET ADDRESS **9630 NW 2nd St**  
CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE **D** ☒ Delete  
NAME **MCKENZIE, E.J.**  
STREET ADDRESS **4756 NW 167TH STREET**  
CITY-ST-ZIP **MIAMI FL 33014**

TITLE ☒ Change ☒ Addition  
NAME **John Chambers**  
STREET ADDRESS **3642 Thomas Avenue**  
CITY-ST-ZIP **Miami, FL 33133**

TITLE **D** ☐ Delete  
NAME **HUNT, YOLANDA**  
STREET ADDRESS **755 NW 175TH STREET**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**

**4/8/03**

**7865127323**

CR2E037 (10/02)