

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000003434**  
 1. Entity Name  
**PANORAMA INTERNATIONAL APOSTOLIC PROPHETIC INSTITUTE, INC.**



Principal Place of Business  
**4760 NW 167TH STREET MIAMI, FL 33014**

Mailing Address  
**4760 NW 167TH STREET MIAMI, FL 33014**



04272004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**01-0676915** Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
**MCKENZIE, E.J.  
 4760 NW 167TH STREET  
 MIAMI, FL 33014**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000145599  
 05/03/04-80032-020 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENZIE, KATHY L 4760 NW 167TH STREET MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENZIE, E.J. 4760 NW 167TH STREET MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, HENRY 4760 NW 167TH STREET MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Kathy L. McKenzie* **Kathy L. McKenzie** 04/28/04 (305)620-9972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #