


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

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90085 015 \*\*\*\*70.00

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # N00000003434</b>  |         |  |         |
| 1. Entity Name<br><b>PANORAMA INTERNATIONAL APOSTOLIC PROPHETIC INSTITUTE, INC.</b> |         |   |         |
| Principal Place of Business<br><b>4760 NW 167TH STREET<br/>MIAMI FL 33014</b>       |         | Mailing Address<br><b>4760 NW 167TH STREET<br/>MIAMI FL 33014</b>                 |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |



CHECK HERE IF MAKING CHANGES

|  |  |  |  |                |
|--|--|--|--|----------------|
| 4. FEI Number <b>01-0676915</b>  |  |  |  | Applied For    |
|  |  |  |  | Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |  |  |                |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent        |                |
| <b>MCKENZIE, E.J.</b><br><b>4760 NW 167TH STREET</b><br><b>MIAMI FL 33014</b>                              |  |  | Name   |                |
|  |  |  | Street Address (P.O. Box Number is Not Acceptable) |                |
|  |  |  | City   |                |
|  |  |  | FL   | Zip Code       |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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                      | <b>D</b> <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>MCKENZIE, KATHY L</b>                 |  | NAME  |   |  |
| STREET ADDRESS             | <b>4760 NW 167TH STREET</b>              |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33014</b>                    |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>MCKENZIE, E.J.</b>                    |  | NAME  |   |  |
| STREET ADDRESS             | <b>4760 NW 167TH STREET</b>              |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33014</b>                    |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>JOHNSON, HENRY</b>                    |  | NAME  |   |  |
| STREET ADDRESS             | <b>4760 NW 167TH STREET</b>              |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33014</b>                    |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <input type="checkbox"/> Delete          |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |  |  | NAME  |   |  |
| STREET ADDRESS             |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |  |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <input type="checkbox"/> Delete          |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |  |  | NAME  |   |  |
| STREET ADDRESS             |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |  |  | CITY-ST-ZIP   |   |  |
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| NAME                       |  |  | NAME  |   |  |
| STREET ADDRESS             |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |  |  | 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: *E. MCKENZIE* **MCKENZIE 4/8/03 620-9972** (305)

CR2E037 (10/02)