FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -6 AM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N28264** **(2)**

1. Corporation Name

PANORAMA CHRISTIAN CENTER MINISTRIES, INC.

Principal Place of Business	Mailing Address
4760 NW 167TH STREET MIAMI FL 33014	4760 NW 167TH STREET MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0131226 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$60.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

MCKENZIE, KATHY
~~3900 NW 213 ST.~~
~~MIAMI FL 33055~~

1967 SW 94th Avenue
Miramar, FL 33025

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	MCKENZIE, EMANUEL J.	12 NAME		
STREET ADDRESS	3900 NW 213 ST.	13 STREET ADDRESS	1967 SW 94th Avenue	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miramar, FL 33025	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	MCKENZIE, KATHY L.	22 NAME		
STREET ADDRESS	3900 NW 213 ST.	23 STREET ADDRESS	1967 SW 94th Avenue	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miramar, FL 33025	
TITLE	SD	31 TITLE		☒ Change ☐ Addition
NAME	PATTERSON, SHEILA	32 NAME	***Delete***	
STREET ADDRESS	2225 NE 123RD ST. #111	33 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	CASE, FLORETTE	42 NAME		
STREET ADDRESS	7181 RAMONA ST	43 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	HOLAWAY, AMEILA R	52 NAME		
STREET ADDRESS	3607 NW 196TH LN	53 STREET ADDRESS		
CITY-ST-ZIP	CAROL CITY FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	Henry Johnson	
STREET ADDRESS		63 STREET ADDRESS	2601 NW 163rd Terrace	
CITY-ST-ZIP		64 CITY-ST-ZIP	Miami, FL 33054	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. J. McKenzie 4/3/95 (305) 620-9972
SIGNATURE AND TYPED OR PRINTED NAME OF DIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037732