

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

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

DOCUMENT # N28264 1. Entity Name PANORAMA CHRISTIAN CENTER MINISTRIES, INC.	
---	---

Principal Place of Business 4760 NW 167TH STREET MIAMI, FL 33014	Mailing Address P.O. BOX 2062 MIAMI, FL 33055 US
--	--

DO NOT WRITE IN THIS SPACE



04272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0131226	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCKENZIE, KATHY 1967 SW 94 AVE MIRAMAR, FL 33025
--

**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 _____ Signature, typed or printed name of registered agent and title if applicable. (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	U000000145596 05/03/04-80032-017 70.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKENZIE, EMANUEL J. 1967 SW 94 AVE MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MCKENZIE, KATHY L. 1967 SW 94 AVE MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, HENRY 841 NW 213TH TERRACE MIAMI, FL 33169
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	04/28/04	(305)620-9972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #