

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28264

FILED
Apr 28, 2005
Secretary of State

Entity Name: PANORAMA CHRISTIAN CENTER MINISTRIES, INC.

Current Principal Place of Business:

4760 NW 167TH STREET
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2062
MIAMI, FL 33055 US

New Mailing Address:

FEI Number: 65-0131226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKENZIE, KATHY
1967 SW 94 AVE
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCKENZIE, EMANUEL J.,
Address: 1967 SW 94 AVE
City-St-Zip: MIRAMAR, FL

Title: VSTD () Delete
Name: MCKENZIE, KATHY L.,
Address: 1967 SW 94 AVE
City-St-Zip: MIRAMAR, FL

Title: D () Delete
Name: JOHNSON, HENRY
Address: 841 NW 213TH TERRACE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMANUEL J MCKENZIE

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date