FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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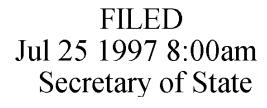
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #**1. Corporation Name N94000004114 (4)

SAN CARLOS WORSHIP CENTER, INC.

Principal Place of Business Mailing Address 17594 ROCKEFELLER CIR 19020 OCALA ROAD SOUTH FT. MYERS FL 33912-3716 FT MYERS FL 33912





Date Incorporated or Qualified 08/22/1994

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number 58-2140004

3a. Date of Last Report 04/29/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

ZIP	Country	Z ^{ip}	L C00	ntry		8. This corporation ha	s liability fo <u>r i</u> ntangib	le tax un	der s.	199.032,	
24	25	29	30			Florida Statutes Yes No					
	9. Name and Address of Current F		10. Name and Address of New Registered Agent								
MACDONALD, EDWARD 19020 OCALA ROAD SOUTH FT. MYERS FL 33912					82 Street Address (P.O. Box Number is Not Acceptable)						
				84	City		F	_	Zip C		
11. Pursuant office or r agent. I a	to the provisions of Sections 617,0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	ind 617.1508, Florida Statu Florida. Such change was ons of, Section 617.0503, Fl	tes, the ab authorized orida Stati	ove by ules	-named corp the corporati	oration submits this stater on's board of directors. I	nent for the purpose hereby accept the ap	of chang opointme	ing its nt as r	registered egistered	
SIGNATURE .											
10	Signature, typed or printed name of registered agent a OFFICERS AND I		TE Registered	Age	al signature require	ed when reinstating) ADDITIONS/CHANG	DATE	יים מיים	OTODI	20110	
12.	D	DELETE	1,1 70	11.6		ADDITIONS/CHANG	ES TO OFFICERS AI	Ch		Addition	
NAME	MACDONALD, EDWARD	□ occ.,,	1.7 NA					الله الس	an igo	C Addition	
STREET ADDRESS	19020 OCALA ROAD SOUTH				ADDRESS						
	FT. MYERS FL										
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NAME	MACDONALD, HOPE E	221						L 011	ange	nonline	
STREET ADDRESS	19020 OCALA ROAD SOUTH		2.2.		ADDRESS						
CITY-ST-ZIP	FT. MYERS FL		2.02.]	
TITLE	D D	DELETE	2. 4 CI		1-212			Ch	ange	Addition	
NAME	MACDONALD, NANCY E		3.2 NA			•		L_1 0.	a y		
STREET ADDRESS	19020 OCALA ROAD SOUTH				ADDRESS						
CITY-ST-ZIP	FT. MYERS FL		3.4. Ci								
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NAME			5.2 NA	ME				_	-		
STREET ADDRESS					ADDRESS					İ	
CITY-ST-ZIP			5.4 CIT								
TITLE		DELETE	6.1 TIT					Ch	ange	Addition	
NAME		-	6.2 NA					_	-		
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			6.4 CIT								
14. I do herel	by certify that the information supplied v		ify for the	exe	mption stated						
	on indicated on this annual report or sup										

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.

SHAND MANDORARED

7/15/97