

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90061 009 ****61.25

DOCUMENT # N94000004114

1. Entity Name

SAN CARLOS WORSHIP CENTER, INC.

Principal Place of Business

17594 ROCKEFELLER CIR
 FT MYERS FL 33912
 US

Mailing Address

19020 OCALA ROAD SOUTH
 FT. MYERS FL 33912-3716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2140004

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACDONALD, EDWARD
19020 OCALA ROAD SOUTH
FT. MYERS FL 33912

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.

SIGNATURE

Edward MacDonald
 Signature, typed or printed name of registered agent and title if applicable.

EDWARD MACDONALD, PRESIDENT

4-30-00

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D MACDONALD, EDWARD**
 STREET ADDRESS **19020 OCALA ROAD SOUTH**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MACDONALD, HOPE E**
 STREET ADDRESS **19020 OCALA ROAD SOUTH**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MACDONALD, NANCY E**
 STREET ADDRESS **19020 OCALA ROAD SOUTH**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE Change Addition
 NAME **Director James Justice**
 STREET ADDRESS **941 Rush Avenue**
 CITY-ST-ZIP **Lehigh Acres FL 33936**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Director DAVID MALLORY**
 STREET ADDRESS **6267 ADKINS AVE**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Director LARRY BROADHEAD**
 STREET ADDRESS **12405 River Rd**
 CITY-ST-ZIP **Fort Myers FL 33905**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

Hope MacDonald
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00

941-437-2244

Date

Daytime Phone #

66/61/2003/23