

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90003 007 ****61.25

DOCUMENT # N94000004114

1. Entity Name
SAN CARLOS WORSHIP CENTER, INC.

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

119700034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **58-2140004** Applied For
 Not Applicable

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 Mac Donald*
(Signature, typed or printed name of registered agent and title if applicable.)

5-29-01
DATE

(NOTE: Registered Agent signature required when reinstating)

**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	D <input type="checkbox"/> Delete
NAME	MACDONALD, EDWARD
STREET ADDRESS	19020 OCALA ROAD SOUTH
CITY-ST-ZIP	FT. MYERS FL
TITLE	D <input type="checkbox"/> Delete
NAME	MACDONALD, HOPE E
STREET ADDRESS	19020 OCALA ROAD SOUTH
CITY-ST-ZIP	FT. MYERS FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MACDONALD, NANCY E
STREET ADDRESS	19020 OCALA ROAD SOUTH
CITY-ST-ZIP	FT. MYERS FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID MALLORY
STREET ADDRESS	6267 Adkins Ave
CITY-ST-ZIP	Naples, FL 34112
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES JUSTIS
STREET ADDRESS	1414 Rush Ave
CITY-ST-ZIP	Lehigh Acres, FL 33936
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** **HOPE MACDONALD** *5/28/01* **941-390-1210**

CR2E037 (10/00)