


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90972 045 \*\*\*\*61.25

DOCUMENT # N94 000004114  
1. Entity Name  
San Carlos Worship Center, Inc.



**DO NOT WRITE IN THIS SPACE**

40076306

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>17592 Rockefeller Cir</u>		3. Mailing Address <u>same</u>	
Suite, Apt. #, etc. <u>0</u>		Suite, Apt. #, etc.	
City & State <u>Ft Myers FL</u>		City & State	
Zip <u>33912</u>	Country <u>USA</u>	Zip	Country
4. FEI Number <u>58-214004</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent		
	Name <u>EDWARD A. MACDONALD</u>		
	Street Address (P.O. Box Number is Not Acceptable) <u>19013 Tangerine Rd</u>		
	City <u>Fort Myers</u>	FL	Zip Code <u>33912</u>

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 *Edward A. Macdonald* 4-29-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR</u> <u>EDWARD MACDONALD</u> <u>19013 TANGERINE RD</u> <u>FORT MYERS, FL 33912</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR</u> <u>HOPE E. MACDONALD</u> <u>19013 TANGERINE RD</u> <u>FORT MYERS, FL 33912</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR</u> <u>DAVID MALLORY</u> <u>6267 ADKINS AVE</u> <u>NAPIES, FL 34112</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR</u> <u>JAMES JUSTICE</u> <u>1414 RUSH AVE</u> <u>LEHIGH ACRES, FL 33936</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR</u> <u>GARNET BLAKLEY</u> <u>P.O. Box 5433</u> <u>SUN CITY, FL 33571</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Hope E. Macdonald* 4-29-05 239-267-3454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)