


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000004114 1. Entity Name SAN CARLOS WORSHIP CENTER, INC.	
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Principal Place of Business 17592 ROCKEFELLER CIR FT MYERS FL 33912 US	Mailing Address 19013 TANGERINE RD. FT. MYERS FL 33912
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 58-2140004
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent MACDONALD, EDWARD 19013 TANGERINE RD. FT. MYERS FL 33912	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Hope Macdonald* HOPE MACDONALD SELF/RENS 4-9-06
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete MACDONALD, EDWARD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19013 TANGERINE RD.	NAME	
STREET ADDRESS	FORT MYERS FL 33912	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete MACDONALD, HOPE E	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19013 TANGERINE RD.	NAME	
STREET ADDRESS	FORT MYERS FL 33912	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete MALLORY, DAVID	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6267 ADKINS AVE	NAME	
STREET ADDRESS	NAPLES FL 34112	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete JUSTIS, JANES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1414 RUSH AVE	NAME	
STREET ADDRESS	LEHIGH ACRES FL 33936	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete BLAKLEY, GARNET	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 5433	NAME	
STREET ADDRESS	SUN CITY CENTER FL 33571	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Edward Macdonald* EDWARD MACDONALD 4-9-06 239-437-22
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #