


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90018 028 \*\*\*\*70.00

DOCUMENT # N94000004114			
1. Entity Name SAN CARLOS WORSHIP CENTER, INC.			
Principal Place of Business 17592 ROCKEFELLER CIR FT MYERS FL 33912 US		Mailing Address 19013 TANGERINE RD. FT. MYERS FL 33912	
2. Principal Place of Business - No P.O. Box # 18500 Three Oaks Pkwy Suite, Apt. #, etc.		3. Mailing Address 19013 Tangerine Rd Suite, Apt. #, etc. r	
City & State Fort Myers FL		City & State Ft. Myers FL	
Zip 33967		Country LEE	
Zip 33967		Country Lee	
4. FEI Number 58-2140004		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
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	
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 <u>HOPE MACDONALD Hope Macdonald Sec/Treas</u>		DATE <u>4-1-07</u>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACDONALD, EDWARD 19013 TANGERINE RD. FORT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACDONALD, HOPE E 19013 TANGERINE RD. FORT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALLORY, DAVID 6267 ADKINS AVE NAPLES FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JUSTIS, JANES 1414 RUSH AVE LEHIGH ACRES FL 33936 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR CAIN, EDDIE 609 Oakhurst St Altamonte Springs, FL 32701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLAKLEY, GARNET PO BOX 5433 SUN CITY CENTER FL 33571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/06)

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: [Signature] DATE: 4-1-07 Devtime Phone #: 239-218-4744