


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000004114 1. Entity Name SAN CARLOS WORSHIP CENTER, INC.	
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Principal Place of Business 18500 THREE OAKS PKWY FT MYERS FL 33967 US	Mailing Address 19013 TANGERINE RD FT MYERS FL 33967 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 58-2140004	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 *Edward MacDonald* **EDWARD MACDONALD** **4-13-08**
Signature, typed or printed name of registered agent and state of residence. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D MACDONALD, EDWARD	<input type="checkbox"/>
NAME	19013 TANGERINE RD.	
STREET ADDRESS	FORT MYERS FL 33912	
CITY-ST-ZIP		
TITLE	D MACDONALD, HOPE E	<input type="checkbox"/>
NAME	19013 TANGERINE RD.	
STREET ADDRESS	FORT MYERS FL 33912	
CITY-ST-ZIP		
TITLE	D MALLORY, DAVID	<input type="checkbox"/>
NAME	6267 ADKINS AVE	
STREET ADDRESS	NAPLES FL 34112	
CITY-ST-ZIP		
TITLE	D BLAKLEY, GARNET	<input type="checkbox"/>
NAME	PO BOX 5433	
STREET ADDRESS	SUN CITY CENTER FL 33571	
CITY-ST-ZIP		
TITLE	D CAIN, EDDIE	<input type="checkbox"/>
NAME	609 OAKHURST ST	
STREET ADDRESS	ALTAMONTE SPRINGS FL 32701	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	000000901688		
NAME	04/29/08-80076-025 61.25		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
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** **4-13-08**