

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004114

FILED  
Apr 19, 2010  
Secretary of State

**Entity Name:** SAN CARLOS WORSHIP CENTER, INC.

**Current Principal Place of Business:**

18500 THREE OAKS PKWY  
FT MYERS, FL 33967 US

**New Principal Place of Business:**

19013 TANGEINE ROAD  
FT MYERS, FL 33967 US

**Current Mailing Address:**

19013 TANGERINE RD  
FT MYERS, FL 33967 US

**New Mailing Address:**

19013 TANGEINE ROAD  
FT MYERS, FL 33967 US

**FEI Number:** 58-2140004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACDONALD, EDWARD  
19013 TANGERINE RD.  
FT. MYERS, FL 33967 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MACDONALD, EDWARD  
Address: 19013 TANGERINE RD.  
City-St-Zip: FORT MYERS, FL 33967

Title: D  
Name: MACDONALD, HOPE E  
Address: 19013 TANGERINE RD.  
City-St-Zip: FORT MYERS, FL 33967

Title: D  
Name: MALLORY, DAVID  
Address: 6267 ADKINS AVE  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: BLAKLEY, GARNET  
Address: PO BOX 5433  
City-St-Zip: SUN CITY CENTER, FL 33571

Title: D  
Name: CAIN, EDDIE  
Address: 609 OAKHURST ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HOPE MACDONALD

D

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date