2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000006453

1. Entity Name
SUPERCHANNEL CENTRE, INC.

Principal Place of Business	Mailing Address
4520 PARKBREEZE COURT ORLANDO, FL 32808	4520 PARKBREEZE COURT ORLANDO, FL 32808

02122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3388634
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOWERS, CLAUD
4520 PARKBREEZE COURT
ORLANDO, FL 32808

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOWERS, CLAUD
STREET ADDRESS	477 PICKFORD POINT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VSTD
NAME	BOWERS, FREEDA
STREET ADDRESS	477 PICKFORD POINT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VD
NAME	HOWELL, P.B. JR.
STREET ADDRESS	603 GIBSON STREET
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	SD
NAME	BEIK, STEPHEN W
STREET ADDRESS	2229 EARLEAF COURT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	V
NAME	COURTE, ANGELA
STREET ADDRESS	5055 LATROBE DRIVE
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/04-80003-006 61.25

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Freeda Bowers 02/17/2004 407-298-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FREEDA BOWERS