

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90041 050 ****61.25

DOCUMENT # N02000004566

1. Entity Name
CLAUD BOWERS CENTER OF LEARNING, INC.



Principal Place of Business

**4520 PARKBREEZE COURT
ORLANDO, FL 32808**

Mailing Address

**4520 PARKBREEZE COURT
ORLANDO, FL 32808 POBox 608040
Orlando, FL 32860**

**285 W. Central Pkwy. Ste 1716
Altamonte Springs, FL 32714**



01102005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

51-0425073

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Claud Bowers

03/30/2005

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOWERS, CLAUD
STREET ADDRESS	4520 PARKBREEZE COURT
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	BOWERS, FREEDA
STREET ADDRESS	4520 PARKBREEZE COURT
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	HOWELL, P.B., JR
STREET ADDRESS	4603 GIBSON STREET
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	D
NAME	BEIK, STEPHEN W
STREET ADDRESS	1101 N LAKE DESTINY ROAD SUITE 120
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 the 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

Claud Bowers

03/30/2005

Date

407/298-5555

Daytime Phone #