

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000004566**

1. Entity Name

**CLAUD BOWERS CENTER OF LEARNING, INC.**



Principal Place of Business

**285 W CENTRAL PKWY STE 1716  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address

**P.O BOX 608040  
ORLANDO, FL 32860**



03202006 No Chg-NP

CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**Filing Fee is \$51.25  
Due by May 1, 2006**

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 4803 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

000000501691  
04/25/06-80073-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #