

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

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

04-05-2005 90045 009 ****61.25

40010007



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
51-0425070

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOWERS, CLAUD
4520 PARKBREEZE COURT
ORLANDO, FL 32808
285 W. Central Pkwy., Suite 1716
Altamonte Springs, FL 32714

**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

Claud Bowers
Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/30/2005

DATE

**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 285 W. Central Pkwy.
CITY-ST-ZIP	ORLANDO, FL 32808 Ste: 1716, Altamonte Springs, FL 32714
TITLE	D
NAME	BOWERS, FREEDA
STREET ADDRESS	4520 PARKBREEZE COURT 477 Pickford Pt.
CITY-ST-ZIP	ORLANDO, FL 32808 Longwood, FL 32779
TITLE	D
NAME	HOWELL, P B JR.
STREET ADDRESS	603 GIBSON STREET
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	D
NAME	BEIK, STEPHEN W
STREET ADDRESS	1101 N. LAKE DESTINY ROAD #120
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Claud Bowers
Signature and typed or printed name of signing officer or director
Claud Bowers

03/30/2005

Date

407/298-5555

Daytime Phone #