2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N02000004620

1. Entity Name
MAJESTY LEARNING CENTER, INC.

Principal Place of Business
285 W CENTRAL PKWY
SUITE 1716
ALTAMONTE SPRINGS, FL 32714

Mailing Address
P.O. BOX 608040
ORLANDO, FL 32860

03202006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
51-0425070

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOWERS, CLAUD
285 W CENTRAL PKWY
SUITE 1716
ALTAMONTE SPRINGS, FL 32714

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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, 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	285 W CENTRAL PKWY, SUITE 1716
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	BOWERS, FREEDA
STREET ADDRESS	477 PICKFORD PT
CITY-ST-ZIP	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	

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04/25/06--80073-006 61.25

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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: Freeda Bowers 4-5-06 407-263-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #