

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006453

**Entity Name:** SUPERCHANNEL CENTRE, INC.**Current Principal Place of Business:**123 E CENTRAL PKWY  
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**123 E CENTRAL PKWY  
ALTAMONTE SPRINGS, FL 32701**FEI Number:** 59-3388634**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOWERS, CLAUD  
123 E CENTRAL PKWY  
ALTAMONTE SPRINGS, FL 32701 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                            |
|-----------------|----------------------------|
| Title           | CPD                        |
| Name            | BOWERS, CLAUD              |
| Address         | 123 E CENTRAL PKWY         |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32701 |

|                 |                            |
|-----------------|----------------------------|
| Title           | STD                        |
| Name            | SPURR, THURLOW             |
| Address         | 123 E CENTRAL PKWY         |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32701 |

|                 |                                           |
|-----------------|-------------------------------------------|
| Title           | DIRECTOR, VP, VC, SECRETARY,<br>TREASURER |
| Name            | MACKENZIE, ANGELA                         |
| Address         | 123 E CENTRAL PKWY                        |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32701                |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLAUD BOWERS

PRESIDENT

01/27/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date