

2025 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 US**FEI Number:** 59-3388634**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRAMER, CHARLES W
1420 EDGEWATER DRIVE
SUITE 200
ORLANDO, FL 32804 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	PRESIDENT, CHAIRMAN
Name	BOWERS, CLAUD
Address	123 E CENTRAL PKWY
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	V. PRESIDENT, DIRECTOR
Name	BOWERS, CLAUD VICTOR
Address	123 E CENTRAL PKWY
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	SECRETARY, TREASURER
Name	JOHNSON, BETTY
Address	123 E CENTRAL PKWY
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	ASST. SECRETARY, ASST. TREASURER, DIRECTOR
Name	TYLER, DAN
Address	123 E CENTRAL PKWY
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	DIRECTOR
Name	HALL, ELBERT
Address	123 E CENTRAL PKWY
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	DIRECTOR
Name	SPURR, THURLOW
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 VICTOR BOWERS

VICE-PRESIDENT

02/05/2025

Electronic Signature of Signing Officer/Director Detail_____
Date