2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005
Secretary of State

DOCUMENT# F04000002985

Entity Name: THE PATRICIA AND ROBERT BOWDEN FOUNDATION, INC.

Current Principal Place of Business:

3313 W. GULF DRIVE
LANTANA 101
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

3313 W. GULF DRIVE
LANTANA 101
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 01-0633724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOWDEN, ROBERT
3313 W. GULF DRIVE
LANTANA 101
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BOWDEN, ROBERT	
Address:	3313 W. GULF DRIVE	
City-St-Zip:	SANIBEL, FL 33957	
Title:	VP	( ) Delete
Name:	BOWDEN, SCOTT G	
Address:	3313 W. GULF DRIVE	
City-St-Zip:	SANIBEL, FL 33957	
Title:	VP	( ) Delete
Name:	BOWDEN GORE, JANE	
Address:	3313 W. GULF DRIVE	
City-St-Zip:	SANIBEL, FL 33957	
Title:	SD	( ) Delete
Name:	BOWDEN, PATRICIA	
Address:	3313 W. GULF DRIVE	
City-St-Zip:	SANIBEL, FL 33957	
Title:	T	( ) Delete
Name:	BOWDEN, ROBERT JR	
Address:	3313 W. GULF DRIVE	
City-St-Zip:	SANIBEL, FL 33957	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT BOWDEN PD 08/15/2005
Electronic Signature of Signing Officer or Director — Date