

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002985

FILED  
Mar 05, 2009  
Secretary of State

**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 ( )**

**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 exemption stated 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 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

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date