

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 13, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N04000004202**

1. Entity Name  
**THE BOSE INSTITUTE, INC.**



Principal Place of Business  
**535 CENTRAL AVE  
ST PETERSBURG, FL 33701**

Mailing Address  
**535 CENTRAL AVE  
ST PETERSBURG, FL 33701**



01062006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**56-2467454**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**RAHDERT, GEORGE K  
535 CENTRAL AVE  
ST PETERSBURG, FL 33701**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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           | RAHDERT, GEORGE K          |
| STREET ADDRESS | 535 CENTRAL AVE            |
| CITY-ST-ZIP    | SAINT PETERSBURG, FL 33701 |
| TITLE          | D                          |
| NAME           | BOSE, AMAR                 |
| STREET ADDRESS | THE MOUNTAIN MS 6B2        |
| CITY-ST-ZIP    | FRAMINGHAM, MA 01701       |
| TITLE          | D                          |
| NAME           | HEIKEN, CHARLES            |
| STREET ADDRESS | 225 FRANKLIN ST            |
| CITY-ST-ZIP    | BOSTON, MA 02110           |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |

000000431784  
02/23/06-80040-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached report with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 727 923 4/9/

Date

Daytime Phone #