

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004202

FILED
Mar 10, 2009
Secretary of State

Entity Name: THE BOSE INSTITUTE, INC.

Current Principal Place of Business:

535 CENTRAL AVE
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

535 CENTRAL AVE
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 56-2467454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAHDERT, GEORGE K
535 CENTRAL AVE
ST PETERSBURG, FL 33701 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: D () Delete
Name: RAHDERT, GEORGE K
Address: 535 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: BOSE, AMAR
Address: THE MOUNTAIN MS 6B2
City-St-Zip: FRAMINGHAM, MA 01701

Title: D () Delete
Name: HEIKEN, CHARLES
Address: 225 FRANKLIN ST
City-St-Zip: BOSTON, MA 02110

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:

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: GEORGE RAHDERT

D

03/10/2009

Electronic Signature of Signing Officer or Director

Date