


send ck # 424 March 19-2007

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N26943 1. Entity Name THE BOWMAN FOUNDATION, INC.	
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Principal Place of Business 4475 MERIDIAN AVENUE MIAMI BEACH, FL 33140 US	Mailing Address 4475 MERIDIAN AVENUE MIAMI BEACH, FL 33140 US
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01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0084409	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOWMAN, ROSE HELEN 4475 MERIDIAN AVE. MIAMI BEACH, FL 33140
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**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARLEN, GARY M 5220 S. UNIVERSITY DR.,STE. 211 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EFTING, ILENE 735 NE 91 ST STREET APT 3 MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOWMAN, ROSE HELEN 4475 MERIDIAN AVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/18/08-80030-023 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rose Bowman* president
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

102-10-2008
Date Daytime Phone #