

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N96000001986 (6)**

1. Corporation Name

**BOWEN-RENTSCH-WHITAKER RESEARCH AND TRAINING, IN
C.**

Principal Place of Business

**1000 NORTH LAKE OTIS DRIVE
WINTER HAVEN FL 33880**

Mailing Address

**1000 NORTH LAKE OTIS DRIVE
WINTER HAVEN FL 33880-3150**

3. Date Incorporated or Qualified
04/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FULLER, EUNICE L
1000 NORTH LAKE OTIS DRIVE
WINTER HAVEN FL 33880**

81 Name

JO ANNE WHITAKER, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

90 HIGHLAND AVE., #8

83

84 City

TARPON SPRINGS,

FL

85 Zip Code

34689

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jo Anne Whitaker

(NOTE: Registered Agent signature required when reinstalling)

3/28/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **JO ANNE WHITAKER, M.D.**

STREET ADDRESS **90 HIGHLAND AVE., #8**

CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ DELETE

NAME **DEANNA J. NADAY, DSN, RN**

STREET ADDRESS **4411 HAMPSHIRE PIKE**

CITY-ST-ZIP **HAMPSHIRE, TN 38461**

TITLE ☐ DELETE

NAME **EUNICE LEE FULLER**

STREET ADDRESS **1000 NORTH LAKE OTIS DRIVE**

CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eunice Lee Fuller

1-6-97

Date

Daytime Phone # **0064507**

CR2E037 (9/96)