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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001986 (6)**

1. Corporation Name

BOWEN RESEARCH AND TRAINING INSTITUTE, INC.

Principal Place of Business

38579 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684-1033

Mailing Address

38579 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684-1033



3. Date Incorporated or Qualified

04/09/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITAKER, JOANNE
90 HIGHLAND AVE, #8
TARPON SPRINGS FL 34689

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **WHITAKER, JO ANNE**
STREET ADDRESS **90 HIGHLAND AVE, #8**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VPD** ☐ DELETE

NAME **NADDY, DEANNA J**
STREET ADDRESS **4411 HAMPSHIRE PIKE**
CITY-ST-ZIP **HAMPSHIRE TN 38461**

2.1 TITLE ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE

NAME **FULLER, EUNICE L**
STREET ADDRESS **1000 NORTH LAKE OTIS DR**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I 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: *Jo Anne Whitaker, M.D.*
SIGNATURE REQUIRED

1-9-98
Jo Anne Whitaker, M.D.
813
9442743

CR2E037 (10/97)