


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90112 016 \*\*\*\*61.25

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|---|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N96000001986**

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

97058 90112 16



|   |   |   |
|---|---|---|
| 2. Principal Place of Business<br>21 <b>710 GRAND CENTRAL ST</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 <b>710 GRAND CENTRAL ST</b><br>Suite, Apt. #, etc.    | 3. Date Incorporated or Qualified<br><b>04/09/1996</b>  |
| 22  | 27  | 4. FEI Number<br><b>NOT APPLICABLE</b><br>Applied For<br>Not Applicable                         |
| 23 <b>CLEARWATER, FL</b><br>City & State<br>Zip <b>33756</b> Country <b>USA</b>         | 28 <b>CLEARWATER, FL</b><br>City & State<br>Zip <b>33756</b> Country <b>USA</b> | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
| 24  | 25  | 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees      |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City <b>FL</b> 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 **JOANNE WHITAKER M.D., PRES**

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 <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WHITAKER, JO ANNE                   | 1.2 NAME  |   |
| STREET ADDRESS             | 90 HIGHLAND AVE, #8                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TARPON SPRINGS FL 34689             | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VPD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NADDY, DEANNA J                     | 2.2 NAME  |   |
| STREET ADDRESS             | 4411 HAMPSHIRE PIKE                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | HAMPSHIRE TN 38461                  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FULLER, EUNICE L                    | 3.2 NAME  |   |
| STREET ADDRESS             | 1000 NORTH LAKE OTIS DR             | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WINTER HAVEN FL 33880               | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |   |

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, with all other like empowered.

SIGNATURE: **JOANNE WHITAKER M.D., PRES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)