

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90022 031 ****61.25

DOCUMENT # N96000001986

1. Entity Name

BOWEN RESEARCH AND TRAINING INSTITUTE, INC.



Principal Place of Business

38541 US HWY 19 NORTH
PALM HARBOR FL 34684

Mailing Address

38541 US HWY 19 NORTH
PALM HARBOR FL 34684

2. Principal Place of Business

1200 S Pinellas Ave
Suite, Apt. #, etc.
Unit 11-12

City & State
Tarpon Springs, FL

Zip Country
34689 USA

3. Mailing Address

1200 S Pinellas Ave
Suite, Apt. #, etc.
Unit 11-12

City & State
Tarpon Springs, FL

Zip Country
34689 USA



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITAKER, JO ANNE	
STREET ADDRESS	90 HIGHLAND AVE, #8	
CITY-ST-ZIP	TARPO SPRINGS FL 34689	
TITLE	LAD	<input type="checkbox"/> Delete
NAME	ELLIOTT, HERBERT	
STREET ADDRESS	35 WEST LEMON ST	
CITY-ST-ZIP	TARPO SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAEHERTZ, ED D	
STREET ADDRESS	7442 HOLLYRIDGE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Legal	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herbert Elliot, JD	
STREET ADDRESS	623 E Tarpon Ave	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	Director of Training	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rae Hertz, Ed D	
STREET ADDRESS	7442 Hollyridge Drive	
CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 *Jo Anne Whitaker, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #