

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90275 046 ****61.25

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1. Entity Name

BOWEN RESEARCH AND TRAINING INSTITUTE, INC.



Principal Place of Business

1200 S. PINELLAS AVE
UNIT 11-12
TARPON SPRINGS FL 34689

Mailing Address

1200 S. PINELLAS AVE
UNIT 11-12
TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

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

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 constituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 checked="" type="checkbox"/> Delete
NAME	WHITAKER, JO ANNE	
STREET ADDRESS	90 HIGHLAND AVE, #8	
CITY- ST- ZIP	TARPON SPRINGS FL 34689	

TITLE	LEGA	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, HERBERT	
STREET ADDRESS	623 E. TARPON AVE	
CITY- ST- ZIP	TARPON SPRINGS FL 34689	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAE HERTZ, 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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARENCE A. BOSWELL	
STREET ADDRESS	1265 FIRST STREET	
CITY- ST- ZIP	BARTON, FL 33830	

TITLE	LEGAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBERT ELLIOTT	
STREET ADDRESS	623 E. TARPON AVE	
CITY- ST- ZIP	TARPON SPRINGS, FL	

TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS J. LONG	
STREET ADDRESS	901 WAKULLA DR	
CITY- ST- ZIP	WINTER HAVEN, FL 33884	

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 exemptions contained in Section 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 powers.

SIGNATURE:

Jo Anne Whitaker MD

4/26/06