2007
~~2003~~ **NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED
May 03, 2007 8:00 am
Secretary of State
05-03-2007 90054 038 ****61.25

DOCUMENT # N96000001986

1. Entity Name

BOWEN RESEARCH AND TRAINING INSTITUTE, INC.

Principal Place of Business	Mailing Address
1200 S. PINELLAS AVE UNIT 11-12 TARPON SPRINGS FL 34689	1200 S. PINELLAS AVE UNIT 11-12 TARPON SPRINGS FL 34689

2. Principal Place of Business	3. Mailing Address
245 N Seminole Ave	245 N Seminole Ave
Suite, Apt. #, etc.: PO Box 599	Suite, Apt. #, etc.: PO Box 599
City & State: Lake Alfred, FL	City & State: Lake Alfred, FL
Zip: 33850 / Country:	Zip: 33850 / 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 reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: WHITAKER, JO ANNE STREET ADDRESS: 90 HIGHLAND AVE, #8 CITY-ST-ZIP: TARPON SPRINGS FL 34689	☒ Delete	TITLE: PRESIDENT NAME: CLARENCE A. BOSWELL STREET ADDRESS: 1205 FIRST STREET CITY-ST-ZIP: BARTOW, FL 33830	☒ Change ☐ Addition
TITLE: LEGA NAME: ELLIOTT, HERBERT STREET ADDRESS: 623 E. TARPON AVE CITY-ST-ZIP: TARPON SPRINGS FL 34689	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☒ Change ☐ Addition
TITLE: D NAME: RAE HERTZ, ED D STREET ADDRESS: 7442 HOLLYRIDGE DRIVE CITY-ST-ZIP: NEW PORT RICHEY FL 34653	☒ Delete	TITLE: SECRETARY / TREASURER NAME: THOMAS J LONG STREET ADDRESS: 701 WAKULA DR CITY-ST-ZIP: WINTER HAVEN, FL 33884	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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System was down. Could not download form.

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 the [illegible]