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

1st MOORE CR2E037 (10/05)

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:

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
TARPON 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITAKER, JO ANNE 90 HIGHLAND AVE, #8 TARPON SPRINGS FL 34689	☒ Delete	PRESIDENT CLARENCE A. BOSWELL 1205 FIRST STREET BARTOW, FL 33830	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LEGA ELLIOTT, HERBERT 623 E. TARPON AVE TARPON SPRINGS FL 34689	☒ Delete		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAE HERTZ, ED D 7442 HOLLYRIDGE DRIVE NEW PORT RICHEY FL 34653	☒ Delete	SECRETARY/TREASURER THOMAS J LONG 701 LAKE LA DR WINTER HAVEN, FL 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	System was down. Could not download form.	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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]