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Feb 15, 1999 8:00am
Secretary of State

02-15-1999 90015 043 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P20435

1. Corporation Name

AGLOW INTERNATIONAL, INCORPORATED

Principal Place of Business

152-3RD AVE SO
STE 103
EDMONDS WA 98020
US

Mailing Address

P.O. BOX 1749
EDMONDS WA 98020-1749
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/10/1988

4. FEI Number

23-7275330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

COOK, PATRICIA
749 NW PICNIC ST
PT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HANSEN, JANE
STREET ADDRESS 9138 186TH PL., SW
CITY-ST-ZIP EDMONDS WA 98026-5748

TITLE V ☐ DELETE

NAME LAURIE LISCHKE
STREET ADDRESS 16705 56TH AVE W
CITY-ST-ZIP LYNNWOOD WA 98037-8303

TITLE S ☐ DELETE

NAME FINK, DIANE
STREET ADDRESS 1410 126TH ST. SE
CITY-ST-ZIP EVERETT WA 98208

TITLE T ☐ DELETE

NAME ROGERS, KAY
STREET ADDRESS 14603 WEST 40TH AVE
CITY-ST-ZIP LYNNWOOD WA 98037

TITLE D ☐ DELETE

NAME ALVES, BETH
STREET ADDRESS 314 E AMMANN RD
CITY-ST-ZIP BULVERDE TX 78163

TITLE D ☐ DELETE

NAME SISK, MARY LANCE
STREET ADDRESS 5526 FIVE KNOLLS DR
CITY-ST-ZIP CHARLOTTE NC 28226

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)