## 2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20435

Entity Name: AGLOW INTERNATIONAL, INCORPORATED

**Current Principal Place of Business:** 

123 - 2ND AVE, SO.

STE 100

EDMONDS, WA 98020

**Current Mailing Address:** 

P.O. BOX 1749

EDMONDS, WA 98020-1749 US

FEI Number: 23-7275330 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALPIZAR, REBECCA 670 BARCELONA CT SATELLITE BEACH, FL 32937 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Apr 19, 2021

**Secretary of State** 

1737614829CC

Officer/Director Detail:

Title PΠ Title S

Name HANSEN HOYT, JANE Name JONES, LINDA Address 13813 65TH AVE W #5 Address 123 2ND AVE S **SUITE #100** 

City-State-Zip: EDMONDS WA 98026 City-State-Zip: EDMONDS WA 98020

Title Title D

Name ROGERS, KAY Name FLEMING, GLENDA Address 14603 40TH AVE. WEST 2110 BELAIR ST. Address

City-State-Zip: LYNNWOOD WA 98037 City-State-Zip: PASCAGOULA MS 39567

Title Title **DIRECTOR** 

Name MODER, DIANE LOGAN, KERRY-ELLEN Name

Address 2717 PHILADELPHIA AVE Address PO BOX 3091

City-State-Zip: PITTSBURGH PA 15216 City-State-Zip: EAST PERTH WA 6892

Title **DIRECTOR** Title DIRECTOR

Name MCVEIGH, EVANNE Name MBUZI, ELIZABETH Address 38 IMEARY ST

Address PO BOX 30080

SOUTH SHIELDS NE34 4EG City-State-Zip: City-State-Zip: LUSAKA

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

04/19/2021 SIGNATURE: KAY ROGERS **TREASURER** 

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR
Name SWAN, EDDA
Address LYNGPRYDI 6
City-State-Zip: GARDABAER 210

Title DIRECTOR

Name ALLEN, RICK

Address PO BOX 1749

City-State-Zip: EDMONDS WA 98020

Title DIRECTOR

Name TSOI, ALICE

Address 9 15TH ST

City-State-Zip: HONG LOK YUEN TAI PO NT

Title DIRECTOR

Name COOKE, GRAHAM

Address PO BOX 30463

City-State-Zip: SANTA BARBARA CA 93130

Title DIRECTOR

Name MORALES, SHELLY

Address 347 N FM 772

City-State-Zip: KINGSVILLE TX 78363