

**2022 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

**Officer/Director Detail :**

Title PD  
Name HANSEN HOYT, JANE  
Address 13813 65TH AVE W #5  
City-State-Zip: EDMONDS WA 98026

Title S  
Name JONES, LINDA  
Address 107 DOVE TREE LANE  
City-State-Zip: LAKE JACKSON TX 77566

Title T  
Name ROGERS, KAY  
Address 14603 40TH AVE. WEST  
City-State-Zip: LYNNWOOD WA 98037

Title D  
Name FLEMING, GLENDA  
Address 2110 BELAIR ST.  
City-State-Zip: PASCAGOULA MS 39567

Title D  
Name MODER, DIANE  
Address 2717 PHILADELPHIA AVE  
City-State-Zip: PITTSBURGH PA 15216

Title DIRECTOR  
Name LOGAN, KERRY-ELLEN  
Address PO BOX 3091  
City-State-Zip: EAST PERTH WA 6892

Title DIRECTOR  
Name MCVEIGH, EVANNE  
Address 38 IMEARY ST  
City-State-Zip: SOUTH SHIELDS NE34 4EG

Title DIRECTOR  
Name MBUZI, ELIZABETH  
Address PO BOX 30080  
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.*

**SIGNATURE:** KAY ROGERS

**TREASURER**

**04/18/2022**

\_\_\_\_\_  
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 MORALES, SHELLY  
Address 347 N FM 772  
City-State-Zip: KINGSVILLE TX 78363

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