## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 11, 2004 8:00 am **Secretary of State** DOCUMENT # N02000001208 1. Entity Name 02-11-2004 90008 041 \*\*\*\*61.25 ROYAL WOMEN OF LIGHT, INC. Principal Place of Business Mailing Address 3621 NW 7TH ST. FORT LAUDERDALE FL 33311 3621 NW 7TH ST. FT. LAUDERDALE FL 33311 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State 4. FEI Number Applied For 03-0393808 Not Applicable - Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLORIA H. WOODS Street Address (P.O. Box Number is Not Acceptable) 3621 NW 7TH ST. FT. LAUDERDALE FL 33311 City 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 Slonature, 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PDC TITLE ☐ Delete TITLE ☐ Change ■ Addition WOODS, GLORIA NAME NAME 3621 NW 7TH ST. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33311 CITY-ST-ZIP CITY-ST-ZiP VPD TITLE ☐ Celete TITLE ☐ Change ☐ Addition WOODS, TOMMYS L NAME NAME 3621 NW 7TH ST. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33311 CITY-ST-7tP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete Change SIQUR, ATARAH'E NAME NAME STREET ADDRESS 3621 NW 7TH ST. STREET ADDRESS FORT LAUDERDALE FL 33311 CffY-ST-ZIE City-St-ZIP TITLE Delete TITLE Change Addition HARRIS, MELISSA A NAME NAME 4920 NW 11TH CT. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33313 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HARRIS, SHERMAN D NAME NAME 4920 NW 11TH CT. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33313 CITY-ST-7IP CITY-ST-74P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**