

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90003 021 ****61.25

DOCUMENT # N02000001208

1. Entity Name

ROYAL WOMEN OF LIGHT, INC.



Principal Place of Business

AGAPE INT'L CHRISTIAN FELLOWSHIP
2099 W. PROSPECT RD
FORT LAUDERDALE FL 33309

Mailing Address

3621 NW 7TH ST.
FORT LAUDERDALE FL 33311



2. Principal Place of Business - No P.O. Box #

4069 NW 16th ST

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

Lauderhill FL

City & State

4. FEI Number

03-0393808

Applied For

Not Applicable

Zip

33313

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLORIA H. WOODS
3621 NW 7TH ST.
FT. LAUDERDALE FL 33311

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

Gloria H. Woods - Gloria H. Woods 05/05/08

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE: PDC
NAME: WOODS, GLORIA
STREET ADDRESS: 3621 NW 7TH ST.
CITY-ST-ZIP: FORT LAUDERDALE FL 33311 ☐ Delete

TITLE: TDS
NAME: SIGUR, ATARAN E
STREET ADDRESS: 3621 NW 7TH ST.
CITY-ST-ZIP: FORT LAUDERDALE FL 33311 ☐ Delete

TITLE: SD
NAME: HARRIS, MELISSA A
STREET ADDRESS: 4920 NW 11TH CT.
CITY-ST-ZIP: FORT LAUDERDALE FL 33313 ☐ Delete

TITLE: TD
NAME: HARRIS, SHERMAN D
STREET ADDRESS: 4920 NW 11TH CT.
CITY-ST-ZIP: FORT LAUDERDALE FL 33313 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ 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 other like empowered.

SIGNATURE:

Gloria H. Woods - Gloria H. Woods 05/05/08 - 954-584-9246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR