## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000001208

HARRIS, SHERMAN D

FORT LAUDERDALE, FL 33313

4920 NW 11TH CT.

Name:

Address:

City-St-Zip:

POVAL WOMEN OF LIGHT INC

FILED Apr 13, 2009 Secretary of State

Entity Na	me: ROYAL V	VOMEN O	F LIGHT, INC.			
Current Principal Place of Business:				New Principal Pla	New Principal Place of Business:	
4069 NW LAUDERH	16TH ST HLL, FL 33313	3				
Current Mailing Address:				New Mailing Add	New Mailing Address:	
3621 NW TORT LAU	7TH ST. JDERDALE, F	L 33311				
FEI Number	: 03-0393808	FEI Num	ber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Addres	Name and Address of New Registered Agent:	
GLORIA H 3621 NW T FT. LAUDI		33311 L	JS			
	named entity e of Florida.	submits th	is statement for the pu	rpose of changing its regist	ered office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signatu	re of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PDC ( WOODS, GLO 3621 NW 7TH FORT LAUDER	ST.	3311	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TDS ( SIGUR, ATARA 3621 NW 7TH FORT LAUDER	ST.	3311	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( HARRIS, MELI 4920 NW 11TH FORT LAUDER	ICT.	3313	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	TD (	) Delete		Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: GLORIA H. WOODS TDS 04/13/2009