

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

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90008 040 ****61.25

DOCUMENT # N98000005109

1. Entity Name

VOICE OF ENLIGHTENMENT INC.



Principal Place of Business

3621 NW 7 STREET
FT LAUDERDALE FL 33311

Mailing Address

3621 NW 7 STREET
FT LAUDERDALE FL 33311

2. Principal Place of Business

Agape Int'l Christian Fellowship
Suite, Apt. #, etc.
2099 W. Prospect Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tamarac FL

City & State

Zip

33309

Country

Zip

Country

4. FEI Number

65-1005756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS-WOODS, GLORIA
3621 NW 7 STREET
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

Signature, 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
Due By May 1, 2004

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 SD ☐ Delete
NAME SIGUR, ATARAH E
STREET ADDRESS 3621 NW 7TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE PTD ☐ Delete
NAME WOODS, GLORIA H
STREET ADDRESS 3621 NW 7 STREET
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE VD ☐ Delete
NAME BIAS, JAMES E
STREET ADDRESS 5285 NW 70TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33319

TITLE CD ☐ Delete
NAME WOODS, TOMMY L
STREET ADDRESS 3621 NW 7TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. I hereby certify that the information supplied with this filing 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:

Gloria H. Woods

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/04

954-202-5963

Date

Daytime Phone #