

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

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

06-04-2008 90003 022 \*\*\*\*61.25

**DOCUMENT # N98000005109**

1. Entity Name

VOICE OF ENLIGHTENMENT INC.



Principal Place of Business

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

Mailing Address

3621 NW 7 STREET  
FT LAUDERDALE FL 33311

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

4069 N.W. 16th ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderhill FL

City & State

Zip

Country

Zip

Country

33313

USA

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

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

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, 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 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 HARRIS, SHERMAN D  
STREET ADDRESS 4920 N.W. 11TH CT  
CITY-ST-ZIP FORT LAUDERDALE FL 33313

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  
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CITY-ST-ZIP

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CITY-ST-ZIP

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 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

Date

Entity Number