

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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**95 APR 27 PM 12:04**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P20435 (4)**

1. Corporation Name  
**WOMEN'S AGLOW FELLOWSHIP, INTERNATIONAL, INCORPORATED**

Principal Place of Business      Mailing Address

**152-3RD AVE SO  
STE 100  
EDMONDS WA 98020  
US**

**P.O. BOX 1548  
LYNNWOOD WA 98046-1548  
US**

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      28 Zip      29 Country      30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/10/1988**      **05/01/1994**

4. FEI Number      Applied For / Not Applicable  
**23-7275330**

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**DEMBS, LORRAINE  
4624 EASTLAKE CIRCLE  
SARASOTA FL 34232**

10. Name and Address of New Registered Agent

81 Name      **Patricia Cook**

82 Street Address (P.O. Box Number is Not Acceptable)      **749 Picnic St NW**

83

84 City      **Port Charlotte**      FL      85 Zip Code      **33952**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Patricia Cook*      **Patricia Cook**      DATE **4/15/95**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>HANSEN, JANE</b>
STREET ADDRESS	<b>9138 188TH PL., SW</b>
CITY - ST - ZIP	<b>EDMONDS WA</b>
TITLE	<b>V</b>
NAME	<b>CARLSON, LORENE</b>
STREET ADDRESS	<b>20725 24TH ST. W</b>
CITY - ST - ZIP	<b>LYNNWOOD WA</b>
TITLE	<b>S</b>
NAME	<b>FINK, DEE</b>
STREET ADDRESS	<b>1410 126TH ST. SE</b>
CITY - ST - ZIP	<b>EVERETT WA</b>
TITLE	<b>T</b>
NAME	<b>GAINES, RICHARD</b>
STREET ADDRESS	<b>18819 90TH PL W</b>
CITY - ST - ZIP	<b>EDMONDS WA</b>
TITLE	<b>D</b>
NAME	<b>SHERER, QUIN</b>
STREET ADDRESS	<b>5320 ECENING LIGHT CT</b>
CITY - ST - ZIP	<b>COLORADO SPRINGS CO</b>
TITLE	<b>D</b>
NAME	<b>BYERLY, BOBBYE</b>
STREET ADDRESS	<b>2717 144TH CT SE</b>
CITY - ST - ZIP	<b>MILL CREEK WA</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Rogers, Kay</b>
4.3 STREET ADDRESS	<b>14603 - 40th Ave, W</b>
4.4 CITY - ST - ZIP	<b>Lynnwood, WA 98037</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kay Rogers*      \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR