

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P20435** (4)  
1. Corporation Name  
**WOMEN'S AGLOW FELLOWSHIP, INTERNATIONAL, INCORPORATED**



Principal Place of Business: 152-3RD AVE SO STE 103 EDMONDS WA 98020 US  
Mailing Address: P.O. BOX 1548 LYNNWOOD WA 98046-1548 US

3. Date Incorporated or Qualified: 08/10/1988  
3a. Date of Last Report: 04/27/1995  
4. FEI Number: 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**COOK, PATRICIA  
749 NW PICNIC ST  
PT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HANSEN, JANE	
STREET ADDRESS	9138 186TH PL., SW	
CITY-ST-ZIP	EDMONDS WA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARLSON, LORENE	
STREET ADDRESS	20725 24TH ST. W	
CITY-ST-ZIP	LYNNWOOD WA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FINK, DEE	
STREET ADDRESS	1410 126TH ST. SE	
CITY-ST-ZIP	EVERETT WA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROGERS, KAY	
STREET ADDRESS	14603 WEST 40TH AVE	
CITY-ST-ZIP	LYNNWOOD WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERERER, QUIN	
STREET ADDRESS	5320 ECENING LIGHT CT	
CITY-ST-ZIP	COLORADO SPRINGS CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BYERLY, BOBBYE	
STREET ADDRESS	2717 144TH CT SE	
CITY-ST-ZIP	MILL CREEK WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	98026-5748
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6105 - 152nd St. SE
2.4 CITY-ST-ZIP	Snohomish, WA 98290
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	98208
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	98037
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sherrer, Quin
5.3 STREET ADDRESS	5320 Evening Light Ct.
5.4 CITY-ST-ZIP	Colorado Springs, CO 80917
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	98012

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 119.07(3)(k), 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* Feb. 20, 1996 (206) 775-7282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)