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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:39

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 848158 (2)
1. Corporation Name
SPIRITUAL ENLIVENMENT OF WOMEN FOUNDATION, INC.

Principal Place of Business Mailing Address
2825 N.E. 23RD AVE. Lighthouse Point FL 33064
2825 N.E. 23RD AVE. Lighthouse Point FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/03/1981
3a. Date of Last Report 03/30/1994

4. FEI Number 56-0987089
Applied For Not Applicable

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

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

9. Name and Address of Current Registered Agent
TUCKER, HILDA F.
2825 N.E. 23RD AVENUE
LIGHTHOUSE POINT FL 33064

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | PD |
| NAME | KISLER, KATHERINE W. |
| STREET ADDRESS | 2825 N.E. 23RD AVENUE |
| CITY-ST-ZIP | LIGHTHOUSE PT. FL |
| TITLE | VSD |
| NAME | TUCKER, HILDA F. |
| STREET ADDRESS | 2825 N.E. 23RD AVENUE |
| CITY-ST-ZIP | LIGHTHOUSE PT. FL |
| TITLE | D |
| NAME | DANDRIDGE, LUCILLE |
| STREET ADDRESS | 2825 N.E. 23RD AVENUE |
| CITY-ST-ZIP | LIGHTHOUSE PT. FL |
| TITLE | D |
| NAME | TAYLOR, DEBORAH K. |
| STREET ADDRESS | 2825 N.E. 23RD AVENUE |
| CITY-ST-ZIP | LIGHTHOUSE PT. FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 | John Richard Kiser |
| 3.3 STREET ADDRESS | 2825 N.E. 23rd Ave |
| 3.4 CITY-ST-ZIP | Lighthouse Pt, FL 33064 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Taylor, Deborah K. |
| 4.3 STREET ADDRESS | 2825 N.E. 23rd Ave [2360] |
| 4.4 CITY-ST-ZIP | Lighthouse Point, FL 33064 |
| 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)(b), 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: Hilda F. Tucker HILDA F. TUCKER JAN 23 1995 (95)7828475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Office File #)