

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/03/1981**      **01/30/1995**

21	2. Principal Place of Business <b>2825 N.E. 23rd Ave.</b>	26	2a. Mailing Address <b>same</b>	4.	FEI Number <b>56-0987089</b>	Applied For				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				
23	City & State <b>Lighthouse Point, Fl.</b>	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
24	Zip <b>33064</b>	25	Country <b>USA</b>	29	Zip <b>same</b>	30	Country <b>same</b>	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TUCKER, HILDA F. 2825 N.E. 23RD AVENUE LIGHTHOUSE POINT FL 33064</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KISLER, KATHERINE W.</b>	1.2 NAME	
STREET ADDRESS	<b>2825 N.E. 23RD AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIGHTHOUSE PT. FL</b>	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUCKER, HILDA F.</b>	2.2 NAME	
STREET ADDRESS	<b>2825 N.E. 23RD AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIGHTHOUSE PT. FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KISER, JOHN RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>2825 N.E. 23RD AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIGHTHOUSE PT. FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, DEBORAH K.</b>	4.2 NAME	
STREET ADDRESS	<b>2880 NE 23 AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIGHTHOUSE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Hilda F. Tucker*      Date: **Feb 4, 1996**      Daytime Phone #: **(954) 8475-782**

CR2E037 (12/95)