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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 848158 (2)
 1. Corporation Name
SPIRITUAL ENLIVENMENT OF WOMEN FOUNDATION, INC.



Principal Place of Business 883 S EUCALYPTUS ST SEBRING FL 33870-3719 US	Mailing Address 883 S EUCALYPTUS ST SEBRING FL 33879-3719 US
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3. Date Incorporated or Qualified 02/03/1981		
4. FEI Number 56-0987089	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

TUCKER, HILDA F.
883 S EUCALYPTUS ST
SEBRING FL 33870

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 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 HILDA F. TUCKER Hilda F. Tucker Jan 20, 1998
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	KISLER, KATHERINE W.	
STREET ADDRESS	883 S EUCALYPTUS ST	
CITY-ST-ZIP	SEBRING FL	
TITLE	VPST	<input type="checkbox"/>
NAME	TUCKER, HILDA F.	
STREET ADDRESS	883 S EUCALYPTUS ST	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/>
NAME	KISER, JOHN RICHARD	
STREET ADDRESS	883 S EUCALYPTUS ST	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/>
NAME	TAYLOR, DEBORAH K.	
STREET ADDRESS	2860 NE 23 AVENUE	
CITY-ST-ZIP	LIGHTHOUSE FL	
TITLE	D	<input type="checkbox"/>
NAME	KISER, RAYMOND PAUL	
STREET ADDRESS	1507 COLMAR AVE	
CITY-ST-ZIP	SEBRING FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 20, 1998 (941) 471-6338
 SIGNATURE REQUIRED

CR2E037 (10/97)