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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 848158

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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2. Principal Place of Business 21 883 So. Eucalyptus ST Suite, Apt. #, etc.	2a. Mailing Address 26 SAME Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/03/1981
22	27	4. FEI Number 56-0987089 Applied For <input type="checkbox"/> Not Applicable
23 Sebring FL City & State	28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 33870-3719 Zip Country USA	29	30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

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
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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* DATE: **Jan 4, 1999**

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	NAME KISLER, KATHERINE W. KISER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 883 S EUCALYPTUS ST		1.2 NAME	
CITY-ST-ZIP SEBRING FL		1.3 STREET ADDRESS	
TITLE VPST	NAME TUCKER, HILDA F.	1.4 CITY-ST-ZIP	
STREET ADDRESS 883 S EUCALYPTUS ST		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP SEBRING FL		2.2 NAME	
TITLE D	NAME KISER, JOHN RICHARD	2.3 STREET ADDRESS	
STREET ADDRESS 883 S EUCALYPTUS ST		2.4 CITY-ST-ZIP	
CITY-ST-ZIP SEBRING FL		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME TAYLOR, DEBORAH K.	3.2 NAME	
STREET ADDRESS 2860 NE 23 AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP LIGHTHOUSE FL		3.4 CITY-ST-ZIP	
TITLE D	NAME KISER, RAYMOND PAUL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1507 COLMAR AVE		4.2 NAME	
CITY-ST-ZIP SEBRING FL		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: *Hilda F. Tucker* DATE: **Jan 4, 1999 [94]** 471-6338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)