

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848158

1. Entity Name

SPIRITUAL ENLIVENMENT OF WOMEN FOUNDATION, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90121 024 \*\*\*\*70.00

Principal Place of Business

Mailing Address

883 S EUCALYPTUS ST  
 SEBRING FL 33870-3719  
 US

883 S EUCALYPTUS ST  
 SEBRING FL 33870-3719  
 US

UUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

883 So Eucalyptus St

883 So. Eucalyptus St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sebring FL

Sebring FL

4. FEI Number

56-0987089

Applied For

Not Applicable

Zip

Country

Zip

Country

33870-3719 Highways

33870-3719 Highways

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Hilda F. Tucker*  
*Hilda F. Tucker*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*January 10, 2000*

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD KISER, KATHERINE W	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	883 S EUCALYPTUS ST SEBRING FL	
TITLE NAME	VPST TUCKER, HILDA F.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	883 S EUCALYPTUS ST SEBRING FL	
TITLE NAME	D KISER, JOHN RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	883 S EUCALYPTUS ST SEBRING FL	
TITLE NAME	D TAYLOR, DEBORAH K.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2880 NE 23 AVENUE LIGHTHOUSE FL	
TITLE NAME	D KISER, RAYMOND PAUL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1507 COLMAR AVE SEBRING FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Hilda F. Tucker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 10, 2000*  
 Date

Daytime Phone #

CR2E037 (9/99)