2001 UNIFORM BUSINESS ÉPORT (UBR) Jan 31, 2001 8:00 am **DOCUMENT # 848158 Secretary of State** 1. Entity Name 01-31-2001 90196 021 \*\*\*\*70 00 SPIRITUAL ENLIVENMENT OF WOMEN FOUNDATION, INC. Principal Place of Business Mailing Address 883 S EUCALYPTUS ST 883 S EUCALYPTUS ST AUU16630 SEBRING FL 33870-3719 SEBRING FL 33870-3719 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 56-0987089 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TUCKER, HILDA F. 883 S EUCALYPTUS ST SEBRING FL 33870 City 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. 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE □ Delete TITLE ☐ Channe ☐ Addition NAME KISER, KATHERINE W NAME STREET ADDRESS 883 S EUCALYPTUS ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL VPST TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TUCKER, HILDA F. NAME STREET ADDRESS 883 S EUCALYPTUS ST STREET ADDRESS CITY-ST-ZIP\_. CITY-ST-ZIP SEBRING FL-TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KISER, JOHN RICHARD NAME STREET ADDRESS 883 S EUCALYPTUS ST STREET ADDRESS CITY-ST-ZIP SEBRING FL CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME TAYLOR, DEBORAH K. NAME STREET ADDRESS 2860 NE 23 AVENUE STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE FL CITY-ST-ZIP TITLE Addition TITLE ☐ Delete ☐ Change

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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

CITY-ST-ZIP

KISER, RAYMOND PAUL

1507 COLMAR AVE

SEBRING FL

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR