

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90305 017 \*\*\*\*70.00

**DOCUMENT # 848158**

1. Entity Name

**SPIRITUAL ENLIVENMENT OF WOMEN FOUNDATION, INC.**

Principal Place of Business

Mailing Address

883 S EUCALYPTUS ST  
 SEBRING FL 33870-3719  
 US

883 S EUCALYPTUS ST  
 SEBRING FL 33870-3719  
 US

011034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**56-0987089**

Applied For

Not Applicable

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

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

Name

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*

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

(NOTE: Registered Agent signature required when reinstating)

*March 4, 2002*

DATE

**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 STREET ADDRESS CITY - ST - ZIP	PD KISER, KATHERINE W 883 S EUCALYPTUS ST SEBRING FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST TUCKER, HILDA F. 883 S EUCALYPTUS ST SEBRING FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KISER, JOHN RICHARD 883 S EUCALYPTUS ST SEBRING FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <del>TAYLOR, DEBORAH K.</del> 2860 NE 23 AVENUE LIGHTHOUSE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <del>KISER, RAYMOND PAUL</del> 1607 COLMAR AVE SEBRING FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Delete

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

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

*03/04/02 (863) 471-6338*  
 Date Date/Time Phone

CR2E037 (9/01)

ATTACH DOC# 848158  
511834

# Spiritual Enlivenment of Women

President  
Katherine W. Kiser

Secretary Treasurer  
Hilda F. Tucker

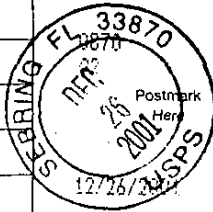
883 S. Eucalyptus St.  
Sebring, FL 33870-371  
Tel. (888) 471-9912  
(863)

Katherine Hager  
Sec. of State, Fl.  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

TALLAHASSEE FL 32314 A L U S E

Postage	\$ 0.34
	\$2.10
Certified Fee	\$1.50
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.94



Sent To  
Division of Corporation  
Street, Apt. No.,  
or PO Box No. P.O. Box 6237  
City, State, ZIP+4  
Tallahassee, FL 32314  
PS Form 3800, January 2001 See Reverse for Instructions

FL # 828158

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write Return Receipt Requested on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address.
  - ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:  
Katherine Hager  
Sec. of State  
Division of Corporations  
Box 6237  
Tallahassee, FL  
32314  
5. Signature (Addressee)  
GRACIE PENTON  
DEPARTMENT OF STATE

4a. Article Number  
7001 1140 0001 3535 2717  
4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise  
7. Date of Delivery  
Dec 26 2001  
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

mination of two directors

ur corporation

## RECEIPT

to verify that this

December 31, 2001

As of this day the 2002 uniform business report is being mailed out. Please delete the two directors on the report.

Sincerely,

Debbie Deborah K Taylor

R. Paul Kiser

Katherine W Kiser

Katherine W. Kiser Pres. D/

Hilda F. Tucker

Hilda F. Tucker Vice Pres. D/S