

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90042 019 ****61.25

DOCUMENT # 848158

1. Entity 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 33870-3719
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 *KATHERINE W. KISER*

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

883 S EUCALYPTUS ST.

SEBRING FL 33870

City

SEBRING FL

FL

Zip Code

33870

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Katherine W. Kiser, Pres.

1-29-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KISER, KATHERINE W
STREET ADDRESS 883 S EUCALYPTUS ST
CITY- ST- ZIP SEBRING FL

TITLE VPST ☐ Delete
NAME TUCKER, HILDA F.
STREET ADDRESS 883 S EUCALYPTUS ST
CITY- ST- ZIP SEBRING FL

TITLE D ☐ Delete
NAME KISER, JOHN RICHARD
STREET ADDRESS 883 S EUCALYPTUS ST
CITY- ST- ZIP SEBRING FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Katherine W. Kiser KATHERINE W. KISER

1-29-07 863-471-9912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #