

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90087 037 ***175.00

978063



DO NOT WRITE IN THIS SPACE

DOCUMENT # NO1000006138

1. Entity Name
SPIRITUAL WOMEN'S EMPOWERMENT FOUNDATION, INC.

Principal Place of Business 7309 VICTORIA CIRCLE ORLANDO FL 32835	Mailing Address 7309 VICTORIA CIRCLE ORLANDO FL 32835
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORTON, BILL W ESQ.
319 FERNCREEK AVE.
ORLANDO FL 32803

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

After September 13, 2002, min. will be \$236.25.

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

TITLE NAME	PD BOSS-FERRON, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS	7309 VICTORIA CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE NAME	VD CHILDERS, JAN	<input type="checkbox"/> Delete
STREET ADDRESS	762 COUNTRY WOODS CIRCLE	
CITY-ST-ZIP	KISSIMEE FL 34744	
TITLE NAME	TD WILLIAMSON, SANDY	<input type="checkbox"/> Delete
STREET ADDRESS	401 FOREST PARK CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32799	
TITLE NAME	D WARE, KENNA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	454 N. SUGARMILL RD.	
CITY-ST-ZIP	OVIDO FL 32819	
TITLE NAME	D GASKIN, RUTH	<input type="checkbox"/> Delete
STREET ADDRESS	7455 SUGAR BEND DR.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: *[Signature]* SIGNATURE REQUIRED 8/21/02 401-214-0051

CR2E037 (4/02)