

FILE # N: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768006 (9)
1. Corporation Name
CLEARER VISION MINISTRIES, INC.

Principal Place of Business Mailing Address
10201 E. COLONIAL DRIVE PO BOX 570268
ORLANDO FL 32817 ORLANDO FL 32857-0268

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/18/1983	3a. Date of Last Report 05/01/1994
4. FBI Number 59-2568973	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28
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9. Name and Address of Current Registered Agent

LEWIS, ALBERT L.
201 E. PINE STREET
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMPSON, S L
STREET ADDRESS	14073 HUNTERS GROVE DR
CITY - ST - ZIP	ORLANDO FL
TITLE	V
NAME	PETERSON, JOAN
STREET ADDRESS	6129 MARGIE COURT
CITY - ST - ZIP	ORLANDO FL
TITLE	S
NAME	CARR, IDA
STREET ADDRESS	1640 LAKE HARNEY RD
CITY - ST - ZIP	GENEVA FL
TITLE	T
NAME	THOMPSON, ANN
STREET ADDRESS	14073 HUNTERS GROVE DRIVE
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	Thompson, S.L.	
1.3 STREET ADDRESS	14073 Hunters Grove Dr.	Orlando, FL
1.4 CITY - ST - ZIP	Zip Code	32828
2.1 TITLE	V/D	☐ Change ☒ Addition
2.2 NAME	Peterson, Joan	
2.3 STREET ADDRESS	6129 Margie Court	Orlando, FL
2.4 CITY - ST - ZIP	Zip	32807
3.1 TITLE	S/O	☐ Change ☒ Addition
3.2 NAME	Carr, Ida	
3.3 STREET ADDRESS	1640 Lake Harney Rd.	Geneva, FL
3.4 CITY - ST - ZIP	Zip	32732
4.1 TITLE	T/D	☐ Change ☒ Addition
4.2 NAME	Thompson, Ann	
4.3 STREET ADDRESS	14073 Hunters Grove Drive	Orlando, FL
4.4 CITY - ST - ZIP	Zip	32828
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

REMITTED BY MAY 1

Deposited by Bank

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann C. Thompson Ann C. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/94

(407) 381-1323

Date

Daytime Phone