2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768006

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90277 016 ****61.25

1. Entity Name

CLEARER VISION MINISTRIES, INC.

Principal Place of Business	Mailing Address
820 N WEKIWA SPRINGS RD APOPKA FL 32712 US	PO BOX 570268 ORLANDO FL 32857-0268

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2303 Sweetaire Ct.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka, FL	City & State
Zip: 32712 Country: USA	Zip Country

4. FEI Number: 59-2568973 ☐ 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
LEWIS, ALBERT L. 201 E. PINE STREET ORLANDO FL 32802	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 _____
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

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 THOMPSON, S L 820 WEKIWA SPRINGS RD APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Thompson, S.L. 2303 Sweetaire Ct. Apopka, FL 32712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PETERSON, JOAN 6129 MARGIE COURT ORLANDO FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMPSON, ANN 820 N WEKIWA SPRINGS RD APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Thompson, Ann C. 2303 Sweetaire Ct. Apopka, FL 32712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WADE, SHARICK 14048 HUNTERS GROVE DR ORLANDO FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Ann C. Thompson Ann C. Thompson 4/26/2000 (407)884-6639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #