2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 AM
Secretary of State

DOCUMENT# 768006

Entity Name: CLEARER VISION MINISTRIES, INC.

Current Principal Place of Business:

2303 SWEETAIRE CT
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 570268
ORLANDO, FL 328570268

New Mailing Address:

FEI Number: 59-2568973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THOMPSON, S L,
Address: 2303 SWEETAIRE CT
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete
Name: PETERSON, JOAN,
Address: 6129 MARGIE COURT
City-St-Zip: ORLANDO, FL 32807

Title: TD ( ) Delete
Name: THOMPSON, ANN,
Address: 2303 SWEETAIRE CT
City-St-Zip: APOPKA, FL 32712

Title: VD ( ) Delete
Name: WADE, SHARICK
Address: 14048 HUNTERS GROVE DR
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: TAANYA WHITE,
Address: 618 FALLSMEAD CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: PETERSON, JOAN
Address: 6129 MARGIE COURT
City-St-Zip: ORLANDO, FL 32807

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN C. THOMPSON TD 04/26/2002

Electronic Signature of Signing Officer or Director — Date