2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# 768006

Entity Name: CLEARER VISION MINISTRIES, INC.

Current Principal Place of Business:

220 BRISTOL CIRCLE
SANFORD, FL 32773 US

New Principal Place of Business:

401 CONSERVATORY COVE
LAKE MARY, FL 32746 US

Current Mailing Address:

P.O. BOX 2085
SANFORD, FL 327722085 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

HEUSLEIN, ROBERT REV.
1017 TAPROOT DRIVE
WINTER SPRINGS, FL 32708 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, SAM L REV.	
Address:	220 BRISTOL CIRCLE	
City-St-Zip:	SANFORD, FL 32773	
Title:	SD	( ) Delete
Name:	ROBINSON, DENNY	
Address:	639 NIGHTHAWK CIRCLE	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	TD	( ) Delete
Name:	OVITZ, HAZEL	
Address:	401 CONSERVATORY COVE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	VD	( ) Delete
Name:	THOMPSON, ANN C	
Address:	220 BRISTOL CIRCLE	
City-St-Zip:	SANFORD, FL 32773	
Title:	D	( ) Delete
Name:	WATSON, STEWART	
Address:	205 LONESOME PINE DRIVE	
City-St-Zip:	LONGWOOD, FL 32779	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 VD 04/20/2005
Electronic Signature of Signing Officer or Director — Date