

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90366 003 ****61.25

DOCUMENT # 768006

1. Entity Name
CLEARER VISION MINISTRIES, INC.



Principal Place of Business
401 CONSERVATORY COVE
LAKE MARY, FL 32746 US

Mailing Address
P.O. BOX 2085
SANFORD, FL 32772-2085 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122006 Chg-NP CR2E037 (11/05)

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

HEUSLEIN, ROBERT REV.
1017 TAPROOT DRIVE
WINTER SPRINGS, FL 32708

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME THOMPSON, SAM L REV. ☐ Delete
STREET ADDRESS 220 BRISTOL CIRCLE
CITY-ST-ZIP SANFORD, FL 32773

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 330 JASMINE AVE
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE SD
NAME ROBINSON, DENNY ☐ Delete
STREET ADDRESS 639 NIGHTHAWK CIRCLE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME OVITZ, HAZEL ☐ Delete
STREET ADDRESS 401 CONSERVATORY COVE
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME THOMPSON, ANN C ☐ Delete
STREET ADDRESS 220 BRISTOL CIRCLE
CITY-ST-ZIP SANFORD, FL 32773

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 330 JASMINE AVE
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE D
NAME WATSON, STEWART ☐ Delete
STREET ADDRESS 205 LONESOME PINE DRIVE
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Hazel W. Ovit HAZEL W. OVITZ 4/14/06 407-324-0107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #