


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90113 018 ****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 - No P.O. Box #		3. Mailing Address P.O. Box 297			
Suite, Apt. #, etc. Suite 110		Suite, Apt. #, etc.			
City & State St. Augustine, FL		City & State St. Augustine, FL		4. FEI Number 59-2568973	
Zip 32086		Country St. Johns		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEUSLEIN, ROBERT REV. 1017 TAPROOT DRIVE WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, SAM L REV. 110 PARK AVE HASTINGS, FL 32145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD, M Thompson, Sam L. Rev. 303 Harvard Rd. St. Augustine, FL 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OVITZ, HAZEL 401 CONSERVATORY COVE LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Director Davis, Greg 816 Riley St. Augustine, FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, ANN C 110 PARK AVE HASTINGS, FL 32145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Director Kinda Udvari 71 N. Riverwalk Dr. Palm Coast, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, Director Thompson, Ann C. 303 Harvard Rd. St. Augustine, FL 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Ann C. Thompson</u> Ann C. Thompson <u>4/21/08</u> 904-797-8384 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01122008 Chg-NP CR2E037 (12/06)