## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#768006** 

FILED Apr 29, 2009 Secretary of State

Entity Name: CLEARER VISION MINISTRIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

303 HARVARD ROAD

SAINT AUGUSTINE, FL 32086 US SAINT AUGUSTINE, FL 32086 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 297

SAINT AUGUSTINE, FL 320850297 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Date

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

PDM () Delete THOMPSON, SAML REV Name:

**OFFICERS AND DIRECTORS:** 

303 HARVARD RD. Address:

City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VPD () Delete

DAVIS, GREG Name: Address: 816 RILEY

City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: () Delete THOMPSON, ANN C Name: Address: 110 PARK AVE City-St-Zip: HASTINGS, FL 32145

Title: TD ( ) Delete THOMPSON, ANN C Name:

Address: 303 HARVARD RD. City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Delete

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

303 HARVARD RD.

THOMPSON, SAML REV

SAINT AUGUSTINE, FL 32086 US

Name: DAVIS, GREG Address: 816 RILEY

City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: SD (X) Change ( ) Addition

UDVARI, LINDA Name:

Address: 71 N. RIVERWALK DRIVE City-St-Zip: PALM COAST, FL 32137 US

Title: TD (X) Change ( ) Addition

THOMPSON, ANN C Name:

303 HARVARD RD. Address:

City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: ( ) Change (X) Addition

TRAETTO, CAROL L Name: 13 14TH AVENUE Address:

SAINT AUGUSTINE, FL 32080 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 04/29/2009