

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768006

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** CLEARER VISION MINISTRIES, INC.

**Current Principal Place of Business:**

303 HARVARD ROAD  
SAINT AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

494 ARRICOLA AVE.  
SAINT AUGUSTINE, FL 32080 US

**Current Mailing Address:**

P.O. BOX 297  
SAINT AUGUSTINE, FL 320850297 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: PDM  
Name: THOMPSON, SAM L REV  
Address: 494 ARRICOLA AVE.  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: VPD  
Name: DAVIS, GREG  
Address: 816 RILEY  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: S/TD  
Name: THOMPSON, ANN C  
Address: 494 ARRICOLA AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: D  
Name: TRAETTO, CAROL L  
Address: 13 14TH AVE.  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

I hereby 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 all other like empowered.

SIGNATURE: ANN C. THOMPSON

S/TD

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date