

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000652

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** CLEAR HORIZONS FOUNDATION MINISTRIES, INC.

**Current Principal Place of Business:**

138 S. ALDER DRIVE  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

138 S. ALDER DRIVE  
ORLANDO, FL 32807

**New Mailing Address:**

3956 TOWN CENTER BLVD  
#312  
ORLANDO, FL 32837 US

**FEI Number:** 26-1718221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOYLE, TIMOTHY  
3956 TOWN CENTER BLVD. #300  
ORLANDO, FL 32837 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: P ( ) Delete  
Name: DOYLE, TIMOTHY  
Address: 3956 TOWN CENTER BLVD. #300  
City-St-Zip: ORLANDO, FL 32837

Title: S ( ) Delete  
Name: CONDE, JOHN  
Address: 3956 TOWN CENTER BLVD. #300  
City-St-Zip: ORLANDO, FL 32837

Title: T ( ) Delete  
Name: ALLWEIS, HARRISON  
Address: 4839 148TH AVENUE #358  
City-St-Zip: DAVIE, FL 33330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: CONDE, JOHN  
Address: 3956 TOWN CENTER BLVD. #312  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JOHN CONDE

S

04/07/2009

Electronic Signature of Signing Officer or Director

Date