

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006838

**Entity Name:** CLEAR VISION WORKSHOPS, INC.

**Current Principal Place of Business:**

12670 NEW BRITTANY BLVD SUITE 101  
FORT MYERS, FL 33907

**Current Mailing Address:**

C/O JOHN M WICKER PA  
PO DRAWER 60205  
FORT MYERS, FL 33906

**FEI Number:** 27-0604272

**Certificate of Status Desired:** No

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

WICKER, JOHN M.  
12670 NEW BRITTANY BLVD SUITE 101  
FORT MYERS, FL 33907 US

*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:** JOHN M. WICKER

04/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SEVERANCE, SAMANTHA  
Address 14200 GEORGIAN BAY CIRCLE #101  
City-State-Zip: FORT MYERS FL 33912

Title D  
Name DUNLAP, DEBORAH K  
Address 3 AVENIDA CARITA  
City-State-Zip: FORT MYERS BEACH FL 33931

Title D  
Name WELSH, BETH  
Address 1124 NE 15TH STREET  
City-State-Zip: CAPE CORAL FL 33909

Title D  
Name ADAMSKI, LAURA RN  
Address 13469 BRYNWOOD LANE  
City-State-Zip: FORT MYERS FL 33912

*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:** DUNLAP , DEBORAH K

**DIRECTOR**

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date