

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N18991

1. Entity Name
GLAUCOMA PROJECT, INC.



Principal Place of Business
**P. O. BOX 60998
FT MYERS, FL 33906**

Mailing Address
**P. O. BOX 60998
FT MYERS, FL 33906**



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2759003

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SNEAD, JOHN W.
5660 HARBORAGE DR.
FT. MYERS, FL 33906**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SNEAD, JOHN W.
STREET ADDRESS	5660 - HARBORAGE DR.
CITY- ST- ZIP	FT. MYERS, FL
TITLE	D
NAME	THORNTON, JOYCE
STREET ADDRESS	2133 WINKLER AVE.
CITY- ST- ZIP	FT. MYERS, FL
TITLE	D
NAME	ALLISON, MARY
STREET ADDRESS	1618 MORENO AVE.
CITY- ST- ZIP	FT. MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000600638
01/26/07-80019-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Snead

1/16/07

239
936-8686

Date

Daytime Phone #