

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18991

FILED
Jan 16, 2009
Secretary of State

Entity Name: GLAUCOMA PROJECT, INC.

Current Principal Place of Business:

P. O. BOX 60998
FT MYERS, FL 33906

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 60998
FT MYERS, FL 33906

New Mailing Address:

FEI Number: 59-2759003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNEAD, JOHN W.
5660 HARBORAGE DR.
FT. MYERS, FL 33906 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: D () Delete
Name: SNEAD, JOHN W.,
Address: 5660 - HARBORAGE DR.
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: THORNTON, JOYCE,
Address: 2133 WINKLER AVE.
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: ALLISON, MARY,
Address: 1618 MORENO AVE.
City-St-Zip: FT. MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 W SNEAD

DIR

01/16/2009

Electronic Signature of Signing Officer or Director

Date