

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18991

**FILED**  
**Jan 13, 2010**  
**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:**

12525 NEW BRITTANY BLVD  
FT MYERS, FL 33907

**Current Mailing Address:**

P. O. BOX 60998  
FT MYERS, FL 33906

**New Mailing Address:**

12525 NEW BRITTANY BLVD  
FT MYERS, FL 33907

**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:**

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

01/13/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SNEAD, JOHN W MD  
Address: 5660 HARBORAGE DR.  
City-St-Zip: FT. MYERS, FL 33908

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: JOHN W. SNEAD

MD

01/13/2010

Electronic Signature of Signing Officer or Director

Date