

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18991

FILED
Jan 09, 2012
Secretary of State

Entity Name: GLAUCOMA PROJECT, INC.

Current Principal Place of Business:

4790 BARKLEY CIRCLE
BLDG C #103
FT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

4790 BARKLEY CIRCLE
BLDG C #103
FT MYERS, FL 33907

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 MD
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
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

MGR

01/09/2012

Electronic Signature of Signing Officer or Director

Date