

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47817

FILED
Sep 06, 2005
Secretary of State

Entity Name: THE FOUNDATION TO CURE GLAUCOMA, INC.

Current Principal Place of Business:

3930 BEE RIDGE ROAD
SUITE B, BLDG. F
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 992
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 38-1446628 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HURVITZ, LAWRENCE
3930 BEE RIDGE RD.
SUITE B, BLDG. F
SARASOTA, FL 34233 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HATTAWAY, CHARLES
Address: 5731 RAVENWOOD DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: VTS () Delete
Name: RILEY, WILLIAM E
Address: 715 NORTH WASHINGTON BLVD, STE D
City-St-Zip: SARASOTA, 34 236

Title: D () Delete
Name: HURVITZ, LAWRENCE MD
Address: 3930 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

Title: S () Delete
Name: GIERHART, CHARLES CPA
Address: 100 WALLACE AVENUE, STE 260
City-St-Zip: SARASOTA, FL 34237

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM E. RILEY

VTS

09/06/2005

Electronic Signature of Signing Officer or Director

Date