2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N47817

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 ( )**

Name and Address of Current Registered Agent:

HURVITZ, LAWRENCE
3930 BEE RIDGE RD.
SUITE B, BLDG. F
SARASOTA, FL 34233 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:	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, FL 34236	
Title:	D	( ) Delete
Name:	HURVITZ, LAWRENCE MD	
Address:	3930 BEE RIDGE ROAD	
City-St-Zip:	SARASOTA, FL 34233	
Title:	D	( ) 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 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: WILLIAM E. RILEY VTS 03/31/2009

Electronic Signature of Signing Officer or Director — Date