2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000003976

1. Entity Name
FLETCHER FOUNDATION, INC.

Principal Place of Business	Mailing Address
361 GILCHRIST AVENUE BOCA GRANDE, FL 33921	POST OFFICE BOX 1411 BOCA GRANDE, FL 33921

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04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1033029
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLEIM, HOLGER D
150 SECOND AVENUE NORTH
SUITE 1100
ST. PETERSBURG, FL 33701

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000950488
06/03/08-80069-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLETCHER, ROBERT K
STREET ADDRESS	POST OFFICE BOX 1411
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	D
NAME	MOORE, JAMES
STREET ADDRESS	209 2ND STREET
CITY-ST-ZIP	LIVERPOOL, NY 13088
TITLE	D
NAME	RILEY, JOHN K
STREET ADDRESS	3966 AIRWAY CIRCLE
CITY-ST-ZIP	CLEARWATER, FL 34622
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ James R Moore Treasurer 4/30/08 (315)457-6167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #