


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000005855**

1. Entity Name  
**ADRIAN C. FLETCHER AND ANNIE MURIEL FLETCHER FOUNDATION, INC.**



Principal Place of Business  
**PO BOX 333  
 GREENSBORO, FL 32330**

Mailing Address  
**PO BOX 333  
 GREENSBORO, FL 32330**



04282005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3738387**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BRIDGES, JANET FLETCHER  
 128 MATTHEW CLARK RD.  
 QUINCY, FL 32351**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

U00000355387  
 05/03/05-80144-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, GLENDA F PO BOX 605 MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENN, ROSALYN F PO BOX 323 GREENSBORO, FL 32330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, A. CLARK 511 HOPKINS LANDING QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDGES, JANET F PO BOX 333 GREENSBORO, FL 32330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE, PATRICIA F PO BOX 550 GREENSBORO, FL 32330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Janet Fletcher Bridges **4/27/05** **850 627-5611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #