


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 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**

**DO NOT WRITE IN THIS SPACE**



04252008 No Chg-NP CR2E037 (4/06)

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 \_\_\_\_\_ 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**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

U00000917586  
 05/13/08-80046-024 61.25

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: *Janet F Bridges* **04/25/08** **850 627 5714**  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #