


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003976
1. Entity Name
FLETCHER FOUNDATION, INC.



Principal Place of Business 361 GILCHRIST AVENUE BOCA GRANDE, FL 33921	Mailing Address POST OFFICE BOX 1411 BOCA GRANDE, FL 33921
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DO NOT WRITE IN THIS SPACE



04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1033029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**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, 2004

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

U00000154983
05/05/04-80019-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLETCHER, ROBERT K POST OFFICE BOX 1411 BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, JAMES 209 2ND STREET LIVERPOOL, NY 13088
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RILEY, JOHN K 3966 AIRWAY CIRCLE 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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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: *James Z Moore* **James Z Moore** **Treasurer** *4/30/04* **4/30/04** **(315) 457-6167**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #