


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

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



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



05012006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-1033029 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

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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2006

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

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	

U00000562549
 05/19/06-80060-010 61.25

DO NOT WRITE IN THIS SPACE

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 6/1/06 (315) 496167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #