


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
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**



04262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

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 reconstating) DATE _____

**Filing Fee Is \$61.25
 Due by May 1, 2007**

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

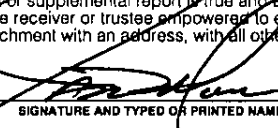
10. OFFICERS AND DIRECTORS

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	

DO NOT WRITE IN THIS SPACE

U00000752454
 05/21/07-80017-014 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:  **JAMES R. MOORE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** 4/26/07 (315) 451-6167