


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

**FILED**  
**May 08, 2008 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**

**DO NOT WRITE IN THIS SPACE**



04302008 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>65-1033029</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GLEIM, HOLGER D**  
**150 SECOND AVENUE NORTH**  
**SUITE 1100**  
**ST. PETERSBURG, FL 33701**

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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, 2008**

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

U00000950488  
 06/03/08-80069-020 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	

**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 info empowered.

**SIGNATURE:** *James R Moore*      *James R Moore*      **Treasurer**      **4/30/08**      **(315) 457-6167**

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