

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000002726

**Entity Name:** THE NORMAN FAMILY FOUNDATION, INC.**Current Principal Place of Business:**4600 DRANE FIELD ROAD  
LAKELAND, FL 33811**Current Mailing Address:**P.O. BOX 6899  
LAKELAND, FL 33807 US**FEI Number:** 85-1059540**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VESPA, SARAH K. ESQ.  
4600 DRANE FIELD ROAD  
LAKELAND, FL 33811 US*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.***SIGNATURE:** SARAH K. VESPA

03/28/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	NORMAN, S. ANDREW
Address	P.O. BOX 6899
City-State-Zip:	LAKELAND FL 33807

Title	D
Name	NORMAN, S. ANDREW
Address	P.O. BOX 6899
City-State-Zip:	LAKELAND FL 33807

Title	D
Name	NORMAN, SHERYL L
Address	P.O. BOX 6899
City-State-Zip:	LAKELAND FL 33807

Title	D
Name	NORMAN, S. ADAM
Address	P.O. BOX 6899
City-State-Zip:	LAKELAND FL 33807

Title	D
Name	NORMAN, LESLIE A
Address	P.O. BOX 6899
City-State-Zip:	LAKELAND FL 33807

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** S. ANDREW NORMAN

P

03/28/2022

Electronic Signature of Signing Officer/Director Detail

Date