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.

Ρ

SIGNATURE: S. ANDREW NORMAN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N2000002726

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

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	E: SARAH K. VESPA			03/12/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Ρ	Title	D	
Name	NORMAN, S. ANDREW	Name	NORMAN, S. ANDREW	
Address	P.O. BOX 6899	Address	P.O. BOX 6899	
City-State-Zip:	LAKELAND FL 33807	City-State-Zip:	LAKELAND FL 33807	
Title	D	Title	D	
Name	NORMAN, SHERYL L	Name	NORMAN, S. ADAM	
Address	P.O. BOX 6899	Address	P.O. BOX 6899	
City-State-Zip:	LAKELAND FL 33807	City-State-Zip:	LAKELAND FL 33807	
Title	D			
Name	NORMAN, LESLIE A			
Address	P.O. BOX 6899			
City-State-Zip:	LAKELAND FL 33807			

Certificate of Status Desired: No

FILED Mar 12, 2021 Secretary of State 4610375617CC

03/12/2021