

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004985

**FILED**  
**Feb 06, 2004**  
**Secretary of State****Entity Name:** THE NORMANDIN FAMILY FOUNDATION, INC.**Current Principal Place of Business:**2515 WILKINSON ROAD  
SARASOTA, FL 34231**New Principal Place of Business:****Current Mailing Address:**2515 WILKINSON ROAD  
SARASOTA, FL 34231**New Mailing Address:****FEI Number:** 55-0787201**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NORMANDIN, DAVID J  
2515 WILKINSON ROAD  
SARASOTA, FL 34231**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: NORMANDIN, DAVID J  
Address: 2515 WILKINSON ROAD  
City-St-Zip: SARASOTA, FL 34231

Title: VSD ( ) Delete  
Name: NORMANDIN, SUSAN  
Address: 2515 WILKINSON ROAD  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: NORMANDIN, DAVID J JR.  
Address: 12310 MOSSWOOD PLACE  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: D ( ) Delete  
Name: SHEDELBOWER, LIZA M  
Address: 3014 LINWOOD DR.  
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete  
Name: WEST, JOHN W III  
Address: 240 S. PINEAPPLE AVENUE 10TH FLOOR  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WEST, JOHN W III  
Address: 720 SOUTH ORANGE AVE. P.O.BOX 3798  
City-St-Zip: SARASOTA, FL 34230

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN NORMANDIN

VSD

02/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date