2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007
Secretary of State

DOCUMENT# N02000004985

Entity Name: THE NORMANDIN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

480 DEER RUN DRIVE
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

480 DEER RUN DRIVE
SARASOTA, FL 34240

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
480 DEER RUN DRIVE
SARASOTA, FL 34240 US

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:	480 DEER RUN DRIVE	
City-St-Zip:	SARASOTA, FL 34240	
Title:	VSD	( ) Delete
Name:	NORMANDIN, SUSAN	
Address:	480 DEER RUN DRIVE	
City-St-Zip:	SARASOTA, FL 34240	
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:	ONE SARASOTA TOWER STE 306, 2 N TAMIAMI TR	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 02/09/2007

Electronic Signature of Signing Officer or Director — Date