

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001124

FILED
Apr 30, 2009
Secretary of State

Entity Name: VAN DER NOORD FAMILY FOUNDATION, INC

Current Principal Place of Business:

1001 RIVERSIDE DRIVE
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

1001 RIVERSIDE DRIVE
PALMETTO, FL 34221

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEORGIA, RIC ESQ
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: D () Delete
Name: VAN DER NOORD, HARRY
Address: 1001 RIVERSIDE DRIVE
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: VAN DER NOORD, BARBARA
Address: 1001 RIVERSIDE DRIVE
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: LOTTON, KIMBERLY S
Address: 17503 STATE LINE ROAD
City-St-Zip: LOWELL, IN 46356

Title: D () Delete
Name: VAN DER NOORD, DOUGLAS R
Address: 699 PENNOCK CIRCLE
City-St-Zip: CROWN POINT, IN 46307

Title: D () Delete
Name: MOSSELL, MELISSA R
Address: 3030 FOREST PARK DRIVE
City-St-Zip: DYER, IN 46311

Title: D () Delete
Name: ZIRKELBACH, MELISSA R
Address: 3030 FOREST PARK DRIVE
City-St-Zip: DYER, IN 46311

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:

Title: D (X) Change () Addition
Name: VANDERNOORD, PETER
Address: 5005 26TH AVE. W.
City-St-Zip: BRADENTON, FL 34209

I hereby certify that the information supplied with this filing does not qualify 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: PETER VANDERNOORD

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date