

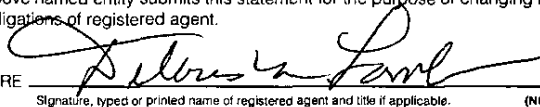
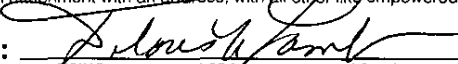


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000009960 1. Entity Name EUGENE LAMB, JR. FOUNDATION INC.					
Principal Place of Business 158 HAYWARD-DUPONT ST. MIDWAY, FL 32343			Mailing Address 158 HAYWARD-DUPONT ST. MIDWAY, FL 32343		
2. Principal Place of Business 158 Hayward-Dupont Street Suite, Apt. #, etc.		3. Mailing Address P.O. Box 953 Suite, Apt. #, etc.			
City & State Midway FL 32343		City & State Midway, FL		4. FEI Number 86-1087552	
Zip 32343		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMB, BRIAN 8449 QUARTER HORSE DR. RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent Name Deloris Lamb Street Address (P.O. Box Number is Not Acceptable) 158 Hayward-Dupont Street City Midway FL Zip Code 32343			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 11/17/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LAMB, BRIAN D 8449 QUARTER HORSE DR RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lamb, Deloris 158 Hayward - Dupont Street Midway, FL 32343	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT FRANKLIN, FREDDIE 43 GREENLIN VILLA RD. CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100043220451 12/06/04--01069--002 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMB, ROLADA D 165 SOUTHERN BRIDGE BLVD., UNIT 2 JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Lamb, Rolanda D 165 Southern Bridge Blvd, Unit 2 Jacksonville, FL 32259	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Chapman, David 908 Washington Street Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 11/17/04		Daytime Phone # 850-410-4343



Management Consulting for Social Services
Training and Administrative Services

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Annette Ramsey
Document Specialist
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

November 17, 2004

Dear Ms. Ramsey:

Please find the Reinstatement Application and a check with appropriate fees attached for the Eugene Lamb Jr. Foundation, Inc. Our organization's annual report filings were delayed because the address on your files were not accurate, so I have updated the address on the reinstatement form. I believe that we are now in compliance. If you need any further assistance, please feel free to call Brook Francis at 850-222-0046.

Sincerely,

Deloris Lamb
President
Eugene Lamb Jr. Foundation, Inc.

