

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

07 APR 25 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JS*



04232007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N03000009960</b> 1. Entity Name EUGENE LAMB, JR. FOUNDATION INC.					
Principal Place of Business P.O. BOX 953 MIDWAY, FL 32342			Mailing Address P.O. BOX 953 MIDWAY, FL 32342		
2. Principal Place of Business - No P.O. Box # 158 Hayward Dupont St Suite/Apt. #: etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Midway, FL		City & State Midway, FL		4. FEI Number 86-1087552	
Zip 32343		Country Gadsden		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LAMB, DELORIS 158 HAYWARD-DUPONT STREET MIDWAY, FL 32343			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		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	P LAMB, DELORIS P.O. BOX 953 MIDWAY, FL 32343	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANKLIN, FREDDIE 43 GREENLIN VILLA RD. CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800101350048 05/03/07--01014--024 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMB, ROLANDA D 165 SOUTHERN BRIDGE BLVD., UNIT 2 JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ROSS, VERNELL P.O. BOX 902 HAVANA, FL 32333	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800101350048 05/03/07--01014--025 **8.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CHAPMAN, DAVID 908 WASHINGTON STREET TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Deloris K. Lamb</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4-25-07		Daytime Phone #: 571-8577