

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009960

1. Entity Name
EUGENE LAMB, JR. FOUNDATION INC.



Principal Place of Business
158 HAYWARD DUPONT ST
MIDWAY, FL 32343 US

Mailing Address
P O BOX 953
MIDWAY, FL 32342 US

FILED

2008 JAN -8 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
86-1087552
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMB, DELORIS
158 HAYWARD-DUPONT STREET
MIDWAY, FL 32343

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAMB, DELORIS
STREET ADDRESS	P O BOX 953
CITY-ST-ZIP	MIDWAY, FL 32342
TITLE	V
NAME	FRANKLIN, FREDDIE
STREET ADDRESS	43 GREENLIN VILLA RD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	S
NAME	LAMB, ROLANDA D
STREET ADDRESS	165 SOUTHERN BRIDGE BLVD, UNIT 2
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	M
NAME	ROSS, VERNELL
STREET ADDRESS	P O BOX 902
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	M
NAME	CHAPMAN, DAVID
STREET ADDRESS	908 WASHINGTON STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500115148125
01/15/08--01014--017 **61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-2008 (850) 576-8317 H
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