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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002334 (7)

1. Corporation Name
LAMBERT FOUNDATION, INC.



Principal Place of Business: 1025 FLAMEVINE LN. VERO BEACH FL 32963
Mailing Address: 1025 FLAMEVINE LN. VERO BEACH FL 32963

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 04/25/1997
4. FEI Number: 65-0749367 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No (checked)
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No (checked)

9. Name and Address of Current Registered Agent: LAMBERT, ROY H, 1025 FLAMEVINE LN., VERO BEACH FL 32963
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Roy H. Lambert
STREET ADDRESS		1.3 STREET ADDRESS	1025 Flamevine Lane, Suite 3
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Patsy J. Lambert
STREET ADDRESS		2.3 STREET ADDRESS	1025 Flamevine Lane, Suite 3
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Neal R. Lohuis
STREET ADDRESS		3.3 STREET ADDRESS	1025 Flamevine Lane, Suite 3
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Donna G. Davis
STREET ADDRESS		4.3 STREET ADDRESS	1495 56th Square East
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Vero Beach, FL 32966
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Roy H. Lambert, Jr.
STREET ADDRESS		5.3 STREET ADDRESS	1025 Flamevine Lane, Suite 3
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	Director ADDITION <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald S. Lambert	6.2 NAME	Philip A. Lambert
STREET ADDRESS	1481 56th Square West	6.3 STREET ADDRESS	1025 Flamevine Lane, Suite 3
CITY-ST-ZIP	Vero Beach, FL 32966	6.4 CITY-ST-ZIP	Vero Beach, FL 32963

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: 4/30/98 (561) 231-4446

CR2E037 (10/97)