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May 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002334

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 04/25/1997 4. FEI Number 65-0749367 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, ROY H.	1.2 NAME	
STREET ADDRESS	1025 FLAMEVINE LANE STE 3	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, PATSY J.	2.2 NAME	
STREET ADDRESS	1025 FLAMEVINE LANE STE 3	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	2.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHUIS, NEAL R.	3.2 NAME	
STREET ADDRESS	1025 FLAMEVINE LANE STE 3	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DONNA G.	4.2 NAME	
STREET ADDRESS	1495 56TH SQUARE E	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32966	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, JR. R	5.2 NAME	
STREET ADDRESS	1025 FLAMEVINE LANE STE 3	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, RONALD S.	6.2 NAME	
STREET ADDRESS	1481 56TH SQUARE W	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32966	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *R. Lohuis* SIGNATURE REQUIRED *R. Lohuis, Treas 4/28/99 234-4446* (561)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)