


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90315 006 \*\*\*\*61.25

**DOCUMENT # N97000002334**  
1. Entity 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 <b>1025 Flamevine Lane</b> Suite, Apt. #, etc. <b>Suite 3</b> City & State <b>Vero Beach, FL</b> Zip <b>32963</b> Country <b>United States</b>	3. Mailing Address <b>1025 Flamevine Lane</b> Suite, Apt. #, etc. <b>Suite 3</b> City & State <b>Vero Beach, FL</b> Zip <b>32963</b> Country <b>United States</b>
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MOORE CR2E037 (11/03)

4. FEI Number <b>65-0749367</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent <b>LAMBERT, ROY H 1025 FLAMEVINE LN. SUITE 3 VERO BEACH FL 32963</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	<input type="checkbox"/> Delete <b>LAMBERT, ROY H. 1025 FLAMEVINE LANE STE 3 VERO BEACH FL 32963</b>	TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Lambert, Philip A. 1025 Flamevine Lane, Suite 3 Vero Beach, FL 32963</b>
TITLE <b>VPD</b>	<input type="checkbox"/> Delete <b>LAMBERT, PATSY J. 1025 FLAMEVINE LANE STE 3 VERO BEACH FL 32963</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>TS</b>	<input type="checkbox"/> Delete <b>LOHUIS, NEAL R. 1025 FLAMEVINE LANE STE 3 VERO BEACH FL 32963</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>DAVIS, DONNA G. 1495 56TH SQUARE E VERO BEACH FL 32966</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>LAMBERT, JR. R 1025 FLAMEVINE LANE STE 3 VERO BEACH FL 32963</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>LAMBERT, RONALD S. 1481 56TH SQUARE W VERO BEACH FL 32966</b>	TITLE <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: Neal R. Lohuis **Neal R. Lohuis, Treasurer** 4/20/04 (772) 231-4446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davime Phone #