

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


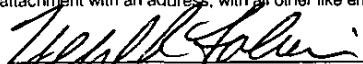
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Apr 25, 2005 8:00 am
Secretary of State

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01142005 Chg-NP CR2E037 (10/03)

DOCUMENT # N97000002334			
1. Entity Name LAMBERT FOUNDATION, INC.			
Principal Place of Business 1025 FLAMEVINE LN. SUITE 3 VERO BEACH, FL 32963		Mailing Address 1025 FLAMEVINE LN. SUITE 3 VERO BEACH, FL 32963	
2. Principal Place of Business 1101 18TH PLACE		3. Mailing Address P.O. BOX 1477	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VERO BEACH, FL		City & State VERO BEACH, FL	
4. FEI Number 65-0749367		Applied For Not Applicable	
Zip 32960	Country USA	Zip 32961	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMBERT, ROY H 1025 FLAMEVINE LN. VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name LAMBERT, ROY H. Street Address (P.O. Box Number is Not Acceptable) 1101 18TH PLACE City VERO BEACH FL Zip Code 32960	
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 _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <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	PD LAMBERT, ROY H. 1025 FLAMEVINE LANE STE 3 VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMBERT, ROY H. 1101 18TH PLACE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAMBERT, PATSY J. 1025 FLAMEVINE LANE STE 3 VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAMBERT, PATSY J. 1101 18TH PLACE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LOHUIS, NEAL R. 1025 FLAMEVINE LANE STE 3 VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOHUIS, NEAL R. 1101 18TH PLACE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DONNA G. 1495 56TH SQUARE E VERO BEACH, FL 32966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, DONNA G. 1101 18TH PLACE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, JR. R. 1025 FLAMEVINE LANE STE 3 VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT ROY H., JR. 1101 18TH PLACE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, RONALD S. 1481 56TH SQUARE W VERO BEACH, FL 32966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, RONALD S. 1101 18TH PLACE VERO BEACH, FL 32960 <input checked="" 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: 		Date: 4/21/05 (772) 778-8240	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	