

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002334

1. Entity Name
LAMBERT FOUNDATION, INC.



Principal Place of Business
**1101 18TH PLACE
VERO BEACH, FL 32960**

Mailing Address
**P.O. BOX 1477
VERO BEACH, FL 32961**



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0749367** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LAMBERT, ROY H
1101 18TH PLACE
VERO BEACH, FL 32960**

**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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

000000540435
05/10/06-80017-012 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LAMBERT, ROY H.
STREET ADDRESS 1101 18TH PLACE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE VPD
NAME LAMBERT, PATSY J.
STREET ADDRESS 1101 18TH PLACE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE T
NAME LOHUIS, NEAL R.
STREET ADDRESS 1101 18TH PLACE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE SD
NAME DAVIS, DONNA G.
STREET ADDRESS 1101 18TH PLACE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE D
NAME LAMBERT, JR. R.
STREET ADDRESS 1101 18TH PLACE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE D
NAME LAMBERT, RONALD S.
STREET ADDRESS 1101 18TH PLACE
CITY-ST-ZIP VERO BEACH, FL 32960

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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: **Neal R. Lohuis,**
Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06
Date

(772) 778-8240
Daytime Phone #