

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000002334

1. Entity Name

LAMBERT FOUNDATION, INC.



Principal Place of Business

**2935 20TH STREET
VERO BEACH, FL 32960**

Mailing Address

**2935 20TH STREET
VERO BEACH, FL 32960**



01032008 No Chg-NP

CR2E037 (4/06)

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
2935 20TH ST.
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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**000000938034
05/27/08-80075-008 61.25**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME LAMBERT, ROY H.
STREET ADDRESS 2935 20TH STREET
CITY-ST-ZIP VERO BEACH, FL 32960**

**TITLE VPD
NAME LAMBERT, PATSY J.
STREET ADDRESS 2935 29H STREET
CITY-ST-ZIP VERO BEACH, FL 32960**

**TITLE T
NAME LOHUIS, NEAL R.
STREET ADDRESS 2935 20TH ST.
CITY-ST-ZIP VERO BEACH, FL 32960**

**TITLE SD
NAME DAVIS, DONNA G.
STREET ADDRESS 2935 20TH ST.
CITY-ST-ZIP VERO BEACH, FL 32960**

**TITLE D
NAME LAMBERT, JR. R
STREET ADDRESS 2935 20TH ST
CITY-ST-ZIP VERO BEACH, FL 32960**

**TITLE D
NAME LAMBERT, RONALD S.
STREET ADDRESS 2935 20TH ST
CITY-ST-ZIP VERO BEACH, FL 32960**

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Neal R. Lohuis
Treasurer**

Date

4/27/08

(772) 778-8240

Daytime Phone #