


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
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

LAMBERT, ROY H
 2935 20TH ST.
 VERO BEACH, FL 32960

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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 _____

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

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

U00000938034
 05/27/08-80075-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMBERT, ROY H. 2935 20TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAMBERT, PATSY J. 2935 29H STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOHUIS, NEAL R. 2935 20TH ST. VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, DONNA G. 2935 20TH ST. VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, JR. R 2935 20TH ST VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, RONALD S. 2935 20TH ST VERO BEACH, FL 32960

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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* Neal R. Lohuis **4/27/08** (772) 778-8240
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #