

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # N97000004675

1. Entity Name
PETER & ANDREW LAMBOS FOUNDATION, INC.



Principal Place of Business
**F16115 CRAIGEND PL
ODESSA, FL 33556**

Mailing Address
**27 E ORANGE ST
TARPON SPRINGS, FL 34689**



01042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3477654

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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6. Name and Address of Current Registered Agent

**KLIMIS, GEORGE N
27 E ORANGE ST
TARPON SPRINGS, FL 34689**

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
LAMBOS, THEODORA
16101 CRAIGEND PLACE
ODESSA, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
LAMBOS, WILLIAM A
161105 CRAIGEND PL
ODESSA, FL 33556**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
LAMBOS, CAROL N
29 BROADWAY
NEW YORK, NY 10006**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
LAMBOS, CAROL N
29 BROADWAY
NEW YORK, NY 10006**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000703377
04/20/07-80138-008 61.25

**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 changed, or on an attachment with an address, with all other like empowered.