

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004675

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: PETER & ANDREW LAMBOS FOUNDATION, INC.

## Current Principal Place of Business:

F16115 CRAIGEND PL  
ODESSA, FL 33556

## New Principal Place of Business:

16115 CRAIGEND PL  
ODESSA, FL 33556

## Current Mailing Address:

27 E ORANGE ST  
TARPON SPRINGS, FL 34689

## New Mailing Address:

16115 CRAIGEND PL  
ODESSA, FL 33556

FEI Number: 59-3477654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LAMBOS, THEODORA  
Address: 16101 CRAIGEND PLACE  
City-St-Zip: ODESSA, FL 33566

Title: DV ( ) Delete  
Name: LAMBOS, WILLIAM A  
Address: 161105 CRAIGEND PL  
City-St-Zip: ODESSA, FL 33556

Title: DT ( ) Delete  
Name: LAMBOS, CAROL N  
Address: 29 BROADWAY  
City-St-Zip: NEW YORK, NY 10006

Title: DS ( ) Delete  
Name: LAMBOS, CAROL N  
Address: 29 BROADWAY  
City-St-Zip: NEW YORK, NY 10006

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: LAMBOS, WILLIAM A  
Address: 16115 CRAIGEND PL  
City-St-Zip: ODESSA, FL 33556

Title: DT (X) Change ( ) Addition  
Name: LAMBOS, THEODORA N  
Address: 16101 CRAIGEND PLACE  
City-St-Zip: ODESSA, FL 33556

Title: DS (X) Change ( ) Addition  
Name: LAMBOS, THEODORA  
Address: 16101 CRAIGEND PLACE  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A. LAMBOS

DV

03/29/2009

Electronic Signature of Signing Officer or Director

Date