

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90004 016 \*\*\*\*61.25

**DOCUMENT # N96000002084**

1. Entity Name

THE KONI FOUNDATION, INC.



Principal Place of Business

1 CLEARLAKE CENTER, #1402  
250 AUSTRALIAN AVENUE  
WEST PALM BEACH FL 33401

Mailing Address

1 CLEARLAKE CENTER, #1402  
250 AUSTRALIAN AVENUE  
WEST PALM BEACH FL 33401

**54066985**



MOORE

CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0676162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIENER, HOWARD J  
C/O AKERMAN SENTERFITT  
222 LAKEVIEW AVE, 4TH FLOOR  
WEST PALM BEACH FL 33401

RUTHERFORD MULHALL  
777 S. FLAGLER DR  
STE. 1601

Name

Street Address (P.O. Box Number is Not Acceptable)

C/O Rutherford Mulhall, P.A.  
777 S. Flagler DR, West Tower, Suite 1601

City

West Palm Beach

FL

Zip Code

33401

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

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SIEGEL, HOWARD  
STREET ADDRESS 3265 LAWSON BLVD.  
CITY-ST-ZIP OCEANSIDE NY 11572

TITLE D ☐ Delete  
NAME KAPNER, LEWIS  
STREET ADDRESS 250 AUSTRALIAN AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☐ Delete  
NAME WIENER, HOWARD  
STREET ADDRESS 222 LAKEVIEW AVE, 4TH FLOOR  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME C/O Rutherford Mulhall, P.A.  
STREET ADDRESS 777 S. Flagler DR, West Tower, Suite 1601  
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

7/29/04 (561) 820-8414