

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90030 031 \*\*\*\*61.25

**DOCUMENT # N99000006199**

1. Entity Name  
**THE CORAL SPRINGS DOWNTOWN LIONS FOUNDATION, INC.**



Principal Place of Business  
**P. O. BOX 8617  
 CORAL SPRINGS, FL 33075**

Mailing Address  
**P. O. BOX 8617  
 CORAL SPRINGS, FL 33075**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

**50017670**



02072005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0951291**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KLINE, DENNIS  
 1700 NW 112TH TERR.  
 CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

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	<input type="checkbox"/> Delete
NAME	SHEINER, LEN	
STREET ADDRESS	8347 NW 43TH ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	S	<input type="checkbox"/> Delete
NAME	CASSULO, JOHN	
STREET ADDRESS	705 NW 75TH TERR	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	V	<input type="checkbox"/> Delete
NAME	KRAFT, FRED	
STREET ADDRESS	10660 NW 16 CT	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	T	<input type="checkbox"/> Delete
NAME	O'CONNELL, MARTIN J	
STREET ADDRESS	8199 NW 53 CT	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE	P	<input type="checkbox"/> Delete
NAME	HONTLACK, DON	
STREET ADDRESS	8784 THANES RIVER ST.	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JOHN	
STREET ADDRESS	7627 NW 70 WAY	
CITY-ST-ZIP	PARKLAND, FL 33067	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONTLACK DON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: M. J. O'Connell **M. J. O'CONNELL** **2/14/05** **9544442382**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #