


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000006199 1. Entity Name THE CORAL SPRINGS DOWNTOWN LIONS FOUNDATION, INC.	
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Principal Place of Business P. O. BOX 8617 CORAL SPRINGS, FL 33075	Mailing Address P. O. BOX 8617 CORAL SPRINGS, FL 33075
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

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**

**DO NOT WRITE
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...

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEINER, LEN 8347 NW 43TH ST CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASSULO, JOHN 705 NW 75TH TERR MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRAFT, FRED 10660 NW 16 CT CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'CONNELL, MARTIN J 8199 NW 53 CT CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTLACK, DON 8784 THANES RIVER ST. BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JOHN 7627 NW 70 WAY PARKLAND, FL 33067

**DO NOT WRITE
IN THIS SPACE**

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01/20/06-80050-002 61.25

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:  **DENNIS KLINE** 1-11-2006 (954) 448-8328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #