


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90096 040 \*\*\*\*61.25

<b>DOCUMENT # N99000006199</b> 1. Entity Name <b>THE CORAL SPRINGS DOWNTOWN LIONS FOUNDATION, INC.</b>					
Principal Place of Business <b>P. O. BOX 8617 CORAL SPRINGS, FL 33075</b>			Mailing Address <b>P. O. BOX 8617 CORAL SPRINGS, FL 33075</b>		
2. Principal Place of Business - No P.O. Box # <b>8784 THAMES RIVER DR</b>		3. Mailing Address <b>PO Box 8617</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Boca Raton FL</b>		City & State <b>Coral Springs FL</b>		4. FEI Number <b>65-0951291</b>	
Zip <b>33433</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KLINE, DENNIS 1700 NW 112TH TERR CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHEINER, LEN</b> <b>8347 NW 43TH ST</b> <b>CORAL SPRINGS, FL 33065</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CASSULO, JOHN</b> <b>705 NW 75TH TERR</b> <b>MARGATE, FL 33063</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KRAFT, FRED</b> <b>10660 NW 16 CT</b> <b>CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>O'CONNELL, MARTIN J</b> <b>8199 NW 53 CT</b> <b>CORAL SPRINGS, FL 33067</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MONTLACK, DON</b> <b>8784 THAMES RIVER ST.</b> <b>BOCA RATON, FL 33433</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, JOHN</b> <b>7627 NW 70 WAY</b> <b>PARKLAND, FL 33067</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>Don Montlack</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>5/9/07</b>		Daytime Phone # <b>721 558518</b>



ATTACHMENT  
40108911  
Division of Corporations

## Annual Report

[Annual Report Help](#)

Document Number

N99000006199

Business Entity Name

THE CORAL SPRINGS DOWNTOWN LIONS FOUNDATION, INC.

FEI Number 650951291  
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable  
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each  
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address P. O. BOX 8617  
Suite, Apt. #, etc.  
City, State CORAL SPRINGS, FL  
Zip Code & Country 33075

## Mailing Address

Address P. O. BOX 8617  
Suite, Apt. #, etc.  
City, State CORAL SPRINGS, FL  
Zip Code & Country 33075

## Name and Address of Registered Agent

Name (Last, First, Middle, Title) KLINE, DENNIS, ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1700 NW 112TH TERR.

Suite, Apt. #, etc.

City, State CORAL SPRINGS, FL

Zip Code &amp; Country 33071 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D  
Name (Last, First, Middle, Title) SHEINER, LEN, ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 8347 NW 43TH ST  
City, State CORAL SPRINGS, FL  
Zip Code & Country 33065

Title S  
Name (Last, First, Middle, Title) CASSULO, JOHN, ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 705 NW 75TH TERR  
City, State MARGATE, FL  
Zip Code & Country 33063

Title V  
Name (Last, First, Middle, Title) KRAFT, FRED, ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 10660 NW 16 CT  
City, State CORAL SPRINGS, FL  
Zip Code & Country 33071

Title