

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006199

FILED
Jan 11, 2009
Secretary of State

Entity Name: THE CORAL SPRINGS DOWNTOWN LIONS FOUNDATION, INC.

Current Principal Place of Business:

8784 THAMES RIVER DR
BOCA RATON, FL 33433

New Principal Place of Business:

6350 NW 110 AVE
CORAL SPRINGS, FL 33076

Current Mailing Address:

P. O. BOX 8617
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 65-0951291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, DENNIS
1700 NW 112TH TERR.
CORAL SPRINGS, FL 33071 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: D () Delete
Name: LEVENSTAN, GARY
Address: 21719 MARIGOT DRIVE
City-St-Zip: BOCA RATON, FL 33428

Title: S () Delete
Name: LOAIZA, JOYCE
Address: P.O. BOX 8962
City-St-Zip: CORAL SPRINGS, FL 33076

Title: V () Delete
Name: RUSSO, RALPH
Address: 5341 NW 123RD TERR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: T () Delete
Name: LEVENSTON, JOEL
Address: 6350 NW 110TH AVE.
City-St-Zip: PARKLAND, FL 33076

Title: P () Delete
Name: TODD, JAMES JR.
Address: 2624 CALLIANDRA TERR
City-St-Zip: COCONUT CREEK, FL 33063

Title: V () Delete
Name: MONTLACK, DONALD
Address: 8784 THAMOS RIVER DR.
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: JOEL LEVENSTON

TREA

01/11/2009

Electronic Signature of Signing Officer or Director

Date