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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9300001363 (1)

| BOYNTON BEACH LIONS ACTIVITIES, INC. | | | | | | | | | |
|--|--|--|------------------------|--------------|------------|--|-------------------------|------------------------|--|
| Principal Place o | f Business | Mailing Address | | | | | 90(IF 90(I) 48(8) (F994 | 10)(B B)(BB (11) (\$8) | |
| 306 E. BOYNTON BEACH BLVD. 306 E. BOYNTON BEACH BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33 | | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 03/22/1993 | 3a. Date of L 01/24 | /1995 | |
| 2. Principal Plac | e of Business | 2a. Mailing Address | - | | | 4. FEI Number Applied For Not Applicable | | | |
| 21 | | 26 | | | | 65-0402485 Not Applicable \$8.75 Additional | | | |
| Suite, Apt. #. | etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | 1 1 7 - 1 | ee Required | |
| City & State | | City & State | | | | 6. Election Campaign Financing | _ \$5 | .00 May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | | ided to Fees | |
| Zip | Country | Zip Country | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | | | |
| 24 | 25 | 29 | 30 | r | | Florida Statutes L 10. Name and Address of New Re | | | |
| | 9. Name and Address of Curren | t Hegistered Agent | | 81 | Name | TO. Name and Address of North | gistoria rigeni | | |
| | DOMAIN I | | | | | | | | |
| GROMKO, DONALD J 306 E. BOYNTON BEACH | | | | 82 | Street Ac | Address (P.O. Box Number is Not Acceptable) | | | |
| | | | 83 | | | | | | |
| BOTNIO | N BEACH FL 33435 | | | <u>.</u> | - | | | Zip Code | |
| | | | | 84 | 1 ' | | FL 85 | , | |
| SIGNATURE | the provisions of Sections 617,0502 d agent, or both, in the State of Ephin, and accept the obligations of Beck, and accept the obligations of Beck, signature, typed or probet name of registered partitions. | SHIMMI 1 | ONA | Z | 0 (>) | poration submits this statement for the purposed of directors. I hereby accept the appointment of the purposed of the purposed of the appointment of the purposed of the purpo | 7/14/ | 70 | |
| 12. | | D DIRECTORS | . 13. | | | ADDITIONS/CHANGES TO OFFI | | | |
| TITLE | D | DELETE | 1 1 111 | | | • | Char | ige Addition | |
| NAME | WEEKS, LLOYD | | 1.2 N | AME | | | | | |
| STREET ADDRESS | 413 S.E. 4TH ST. | | | | I ADORESS | | | | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | | 1.4 0 | | | | Char | nge Addition | |
| TITLE | D | DELETE | 217 | | | | | ngo 🗀 risanton | |
| NAME | WEAVER, STANLEY | | | IAME TOCE | T ADDRESS | | | | |
| STREET ADDRESS | 0100 0. Million 11. | | | | /-ST-ZIP | | | | |
| CITY-ST-ZIP | | | | TIF | 31-211 | | ☐ Cha | nge 🔲 Addition | |
| NAME | BOWDEN, MICHAEL | | 321 | IAME | | | | | |
| STREET ADDRESS | 1822 N.E. 4TH ST. | | 335 | TREE | r address | | | | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | | 3.4 | CITY- | ST - ZIP | | | | |
| TITLE | D | DELETE | 417 | ITLE | | | ☐ Cha | nge 🔲 Addition | |
| NAME | GROMKO, DONALD J | | 4.2 | NAME | | | | | |
| STREET ADDRESS | 306 E. BOYNTON BEACH BI | | | | T ADDRESS | _ | | | |
| CITY-\$T-ZIP | BOYNTON BEACH FL 33435 | | | | ST-ZIP | Partie De Harris | f// □Cha | nge Addition | |
| TITLE | | □ DELETE | | ITLE | | THOMAS P. HOWE 59 SPANISH RIVER OCEAN RIDGE, FL | . De | inge Zandarion | |
| NAME | | | | MAME | T ADDRESS | 59 Spanish River | 221120 | _ | |
| STREET ADDRESS | | | | | | OLGAN KIDGE, P- | 133433 | | |
| CITY-ST-ZIP TITLE | | DELETE | 5 4 CIT 6 1 TITI | | 31-21/ | | ☐ Cha | | |
| NAME | | | | NAME | | | | | |
| STREET ADDRESS | | | 1 | | T ADDRESS | | | | |
| CITY - ST - 7/P | | | 6.4 | CITY - | ST-ZIP | | | | |
| 14. I do hereb certify that oath; that | the information indicated on this ann | iual report or supplemental ann oration or the receiver or truste | iual report e empow | IS tr | ue and acc | ify for the exemption stated in Section 119 curate and that my signature shall have the this report as required by Chapter 617, Fl | same legal effect | as il made under | |

SIGNATURE: Cha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NLEY MEAVER 4/16/96
Davie Priore V