## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## N93000001363 (1) **DOCUMENT #**

## BOYNTON BEACH LIONS ACTIVITIES, INC.

Principal Place of Business Mailing Address 306 E. BOYNTON BEACH BLVD. 306 E. BOYNTON BEACH BLVD. **BOYNTON BEACH FL 33435** BOYNTON BEACH FL 33435-3842 Date Incorporated or Qualified 03/22/1993 3a. Date of Last Report 04/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0402485 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Recuired City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 2R  $\Box$ Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 29 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GROMKO, DONALD J 82 Street Address (P.O. Box Number is Not Acceptable) 306 E. BOYNTON BEACH **BOYNTON BEACH FL 33435** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change 1.1 TITLE Addition WEEKS, LLOYD NAME 1.2 NAME 413 S.E. 4TH ST. STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition WEAVER, STANLEY NAME 22 NAME 9400 S. MIITARY TR. STREET ADDRESS 2.3 STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIF 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition -BOWDEN, MICHAEL NAME 3.2 NAME ROBERT COLLIER <del>1822 N.E. 4TH ST</del>. STREET ADDRESS 3.3 STREET ADDRESS 1381 S.W. 27TH AVE. **BOYNTON BEACH FL 33435** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4 1 TITLE ☐ Addition NAME GROMKO, DONALD J 4.2 NAME STREET ADDRESS 306 E. BOYNTON BEACH BLVD 4.3 STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change ■ Addition NAME THOMAS P. HOWELL 5.2 NAME STREET ADDRESS 59 SPANISH RIVER DR 5.3 STREET ADDRESS OCEAN RIDGE FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition

SIGNATURE:

NAME

STREET ADDRESS

GROMKO

6.2 NAME

6.3 STREET ADDRESS 6.4 CiTY-ST-ZiP 14. I do 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 annual report or supplemental annual 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 truefee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on for attachment with an address.

(561) 737-8017

**FILED** 

Jan 27 1997 8:00am

Secretary of State

(96/6)

Daytime Phone # 0042279