
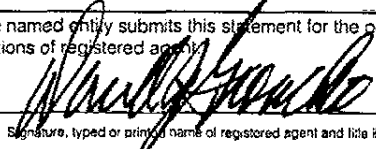


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000001363</b>					
1. Entity Name BOYNTON BEACH LIONS ACTIVITIES, INC.					
Principal Place of Business 306 E. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33435			Mailing Address 2424 N. FEDERAL HWY #205 BOYNTON BEACH FL 33435		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0402485	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  GROMKO, DONALD J 2424 N FEDERAL HWY #205 BOYNTON BEACH FL 33435				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  Signature, typed or printed name of registered agent and title if applicable				DATE 4/2/04 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	WEEKS, LLOYD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4251 OLD BOYNTON RD		NAME	
STREET ADDRESS		BOYNTON BEACH FL 33436		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	P	WEAVER, STANLEY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4662 LOTUS WAY		NAME	
STREET ADDRESS		BOYNTON BEACH FL 33436-2931		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	ST	GROMKO, DONALD J	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2424 N FEDERAL HWY #205		NAME	
STREET ADDRESS		BOYNTON BEACH FL 33435		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	THOMAS P. HOWELL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		59 SPANISH RIVER DR		NAME	
STREET ADDRESS		OCEAN RIDGE FL		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	BOWLES, THOMAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7D RIDGEPOINT DR		NAME	
STREET ADDRESS		BOYNTON BEACH FL 33-4354		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

12. I 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 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:  DONALD J. GROMKO  
4/2/04 561-740-374