

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90352 004 ****61.25

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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

1st MOORE

CR2E037 (10/04)

4. FEI Number
65-0402485

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROMKO, DONALD J
2424 N FEDERAL HWY #205
BOYNTON BEACH FL 33435**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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** ☐ Delete
NAME **WEEKS, LLOYD**
STREET ADDRESS **4251 OLD BOYNTON RD**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **WEAVER, STANLEY**
STREET ADDRESS **4662 LOTUS WAY**
CITY-ST-ZIP **BOYNTON BEACH FL 33436-2931**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **GROMKO, DONALD J**
STREET ADDRESS **2424 N FEDERAL HWY #205**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **THOMAS P. HOWELL**
STREET ADDRESS **59 SPANISH RIVER DR**
CITY-ST-ZIP **OCEAN RIDGE FL**

TITLE ☐ Change ☐ Addition
NAME **HOWARD SPENCER**
STREET ADDRESS **4812 S. LAKE DR**
CITY-ST-ZIP **BOYNTON BCH. 33436**

TITLE **D** ☒ Delete
NAME **BOWLES, THOMAS**
STREET ADDRESS **7D RIDGEPOINT DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33-4354**

TITLE ☐ Change ☐ Addition
NAME **GEORGE MCNAMARA**
STREET ADDRESS **5799 PARK WALK DR**
CITY-ST-ZIP **BOYNTON BCH 33437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

C Stanley Weaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RES

Date

Daytime Phone #

4/12/05
561-740-2374