

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000001363**

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**



01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WEEKS, LLOYD  
4251 OLD BOYNTON RD  
BOYNTON BEACH, FL 33436**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
WEAVER, STANLEY  
4662 LOTUS WAY  
BOYNTON BEACH, FL 334362931**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SPENCER, HOWARD  
4812 S LAKE DR  
BOYNTON BEACH, FL 33436**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MCNAMARA, GEORGE  
5799 PARKWALK DR  
BOYNTON BEACH, FL 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000389506  
01/20/06-80052-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. Spencer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/10/05 561-740-237*  
Date Daytime Phone #