

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000005207 (5)

1. Corporation Name

PROJECT ACTION FOUNDATION, INC.



Principal Place of Business

8994 SEMINOLE BLVD.  
#7  
SEMINOLE FL 34642

Mailing Address

P.O. BOX 3420  
SEMINOLE FL 34645

3. Date Incorporated or Qualified  
10/21/1994

3a. Date of Last Report  
10/02/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
59-3276734

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARDEN, JIM  
8994 SEMINOLE BLVD.  
SUITE 7  
SEMINOLE FL 34642

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME GRADEN, JIM  
STREET ADDRESS 9112 SEMINOLE BLVD.  
CITY - ST - ZIP SEMINOLE FL 34642

TITLE D ☐ DELETE  
NAME WALKER, KEVIN  
STREET ADDRESS 8561 DENISE DR.  
CITY - ST - ZIP SEMINOLE FL 34647

TITLE D ☐ DELETE  
NAME SHOOK, KIMBERLY  
STREET ADDRESS 225 COUNTRY CLUB DR. #218  
CITY - ST - ZIP LARGO FL 34642

TITLE D ☐ DELETE  
NAME GRADEN, SUSAN  
STREET ADDRESS 2249 14TH AVE. S.W.  
CITY - ST - ZIP LARGO FL 34646

TITLE D ☐ DELETE  
NAME KILMER, JEANNE  
STREET ADDRESS 4212 POINSETTIA DR.  
CITY - ST - ZIP ST. PETE BEACH FL 33706

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee 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 an attachment with an address.

SIGNATURE: *Kevin Walker - Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96 (813) 367-5437  
Date Daytime Phone #

CR2E037 (12/95)