

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90007 020 ****70.00

005929

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005207

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



2. Principal Place of Business

21 **8994 Seminole Blvd**

2a. Mailing Address

26 **P.O. Box 3420**

3. Date Incorporated or Qualified

10/21/1994

Suite, Apt. #, etc.

22 **#7**

Suite, Apt. #, etc.

27

4. FEI Number

59-3276734

Applied For

Not Applicable

City & State

23 **Seminole, FL**

City & State

28 **Seminole, FL**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

Zip

24 **33772**

Country

25 **USA**

Zip

29 **33775**

Country

30 **USA**

6. Election Campaign Financing

Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Jim Graden

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

8994 Seminole Blvd

83

Suite 7

84 City

Seminole

FL

85 Zip Code

33772

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 **Kevin J. Walker (Treasurer)** **6/21/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ DELETE

NAME **OPPENHEIM, JEFF**
STREET ADDRESS **5629 HILLSIDE ST N**
CITY-ST-ZIP **SEMINOLE FL 34642**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Ben McBride**
1.3 STREET ADDRESS **2610 Mary Sue street**
1.4 CITY-ST-ZIP **Largo, FL 33774**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Marcus Castillo**
2.3 STREET ADDRESS **13745 Oak Forest Blvd. S.**
2.4 CITY-ST-ZIP **Seminole, FL 33776**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: **Kevin J. Walker** **6/21/99** **(227) 367-5437**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)