

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005207

FILED
Apr 22, 2009
Secretary of State

Entity Name: PROJECT ACTION FOUNDATION, INC.

Current Principal Place of Business:

9112 SEMINOLE BLVD.
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3420
SEMINOLE, FL 33775 34

New Mailing Address:

P.O. BOX 4247
SEMINOLE, FL 33775 34

FEI Number: 59-3276734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRADEN, JIM
8994 SEMINOLE BLVD.
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

GRADEN, JIM
9112 SEMINOLE BLVD.
SEMINOLE, FL 33772 US

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.

SIGNATURE: JIM GRADEN

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRADEN, JIM
Address: 9112 SEMINOLE BLVD.
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: WALKER, KEVIN
Address: 13440 BELLEWOOD AVE
City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete
Name: MCBRIDE, BEN
Address: 2610 MARY SUE STREET
City-St-Zip: LARGO, FL 33774

Title: D () Delete
Name: GRADEN, MARK
Address: 12900 VOHN RD.
City-St-Zip: LARGO, FL 33774

Title: D () Delete
Name: SINISCALCHI, NORMA
Address: 4212 POINSETTIA DR.
City-St-Zip: ST. PETE BEACH, FL 33706

Title: D () Delete
Name: CASTILLO, MARCUS
Address: 13745 OAK FOREST BLVD. S.
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN WALKER

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date