

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90394 045 \*\*\*\*\*70.00

**DOCUMENT # N94000005207**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3276734**

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

**GARDEN, JIM**

**8994 SEMINOLE BLVD.  
SUITE 7  
SEMINOLE FL 34642**

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**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRADEN, JIM</b>	
STREET ADDRESS	<b>9112 SEMINOLE BLVD.</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 34642</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, KEVIN</b>	
STREET ADDRESS	<b>8561 DENISE DR.</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 34647</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHOOK, KIMBERLY</b>	
STREET ADDRESS	<b>225 COUNTRY CLUB DR. #218</b>	
CITY-ST-ZIP	<b>LARGO FL 34642</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRADEN, SUSAN</b>	
STREET ADDRESS	<b>2249 14TH AVE. S.W.</b>	
CITY-ST-ZIP	<b>LARGO FL 34646</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KILMER, JEANNE</b>	
STREET ADDRESS	<b>4212 POINSETTIA DR.</b>	
CITY-ST-ZIP	<b>ST. PETE BEACH FL 33706</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OPPENHEIM, JEFF</b>	
STREET ADDRESS	<b>5629 HILLSIDE ST N</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 34642</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>McBride, Ben</b>	
STREET ADDRESS	<b>2616 Mary Sue Street</b>	
CITY-ST-ZIP	<b>Clearwater, FL. 33724</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Castillo, Marcus</b>	
STREET ADDRESS	<b>13745 Oak Forest Blvd</b>	
CITY-ST-ZIP	<b>Seminole, FL. 33776</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bruno, Michael</b>	
STREET ADDRESS	<b>600 Bypass Dr.</b>	
CITY-ST-ZIP	<b>Clearwater, FL. 33764</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Siniscalchi, Norma</b>	
STREET ADDRESS	<b>4212 Poinsettia Dr.</b>	
CITY-ST-ZIP	<b>St. Pete Beach, FL 33706</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Graden, Mark</b>	
STREET ADDRESS	<b>12900 Vonn Rd. #C-202</b>	
CITY-ST-ZIP	<b>Largo, FL. 33774</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Walker, Kevin</b>	
STREET ADDRESS	<b>13440 Belkwood Ave.</b>	
CITY-ST-ZIP	<b>Seminole, FL. 33776</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Kevin J. Walker* **Kevin J. Walker** 4/16/03 727-362-5437

CR2E037 (10/02)