

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$100 (IF DISSOLVED, MEMBERS ADVISED BY THE STATE: 2000)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 30 AM 9:09

DOCUMENT # F92000000940 (8)

1. Corporation Name
THE PRASAD PROJECT, INC.

Principal Place of Business
**55 HARDEN ROAD
 FERNDALE NY 12734**

Mailing Address
**55 HARDEN ROAD
 FERNDALE NY 12734**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/15/1992** 3a. Date of Last Report **06/02/1994**
 4. FEI Number **14-1751086** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under a 199-032, Florida Statutes Yes No

2. Principal Place of Business
415 BUCKINGHAM Rd

2a. Mailing Address
SAME

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State
HURLEYVILLE NY

28. City & State

24. Zip
12747

29. Zip

9. Name and Address of Current Registered Agent

**PAPINO, ROBERTA
 3285 MACDONALD STREET
 MIAMI FL 33133**

10. Name and Address of New Registered Agent

61. Name
 62. Street Address (P.O. Box Number is Not Acceptable)
 63.
 64. City **FL** 65. 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 the filer, if applicable)

Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCRACKEN, ED
STREET ADDRESS	11 ANGELA
CITY, ST, ZIP	LOS ALTOS CA 94022
TITLE	D
NAME	DACOMINE, FREDERIC
STREET ADDRESS	80 BLVD PORT ROYAL
CITY, ST, ZIP	75005 PARIS FRANCE
TITLE	VT
NAME	WIESEN, CAITLIN
STREET ADDRESS	52 CONY RD.
CITY, ST, ZIP	SOUTH FALLSBURY NY
TITLE	S
NAME	DOBROVDJIV, JANET J
STREET ADDRESS	2000 POWELL ST #1805
CITY, ST, ZIP	ERYERVILLE CT
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	MCCRACKEN, ED	
13. STREET ADDRESS		
14. CITY, ST, ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	(SEE ATTACHED UPDATED LIST)	
23. STREET ADDRESS		
24. CITY, ST, ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

14. I, the filer, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or registration 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 of captioned, or in an attachment with an address.

SIGNATURE: Catherine A. Parrish, Chairman 6/20/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E07 (3/95)