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**Mar 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000940 (8)
1. Corporation Name
THE PRASAD PROJECT, INC.



Principal Place of Business 465 BRICKMAN RD HURLEYVILLE NY 12747 US	Mailing Address 465 BRICKMAN RD HURLEYVILLE NY 12747 US
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3. Date Incorporated or Qualified 12/15/1992 3/13/92	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 14-1751000		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	MCCRACKEN, ED	
STREET ADDRESS	11 ANGELA	
CITY-ST-ZIP	LOS ALTOS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DACOMINE, FREDERIC	
STREET ADDRESS	80 BLVD PORT ROYAL	
CITY-ST-ZIP	75005 PARIS FRANCE	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARRISH, CATHERINE A.	
STREET ADDRESS	282 MT CLIFF ROAD	
CITY-ST-ZIP	HURLEYVILLE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRENT, RONALD J	
STREET ADDRESS	371 BRICKMAN RD	
CITY-ST-ZIP	SOUTH FALLSBURG NY	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ECKLES, JACLYNE	
STREET ADDRESS	465 BRICKMAN RD	
CITY-ST-ZIP	HURLEYVILLE NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WYCKOFF, KATHERINE	
STREET ADDRESS	1616 FT MYER DR 11TH FL	
CITY-ST-ZIP	ARLINGTON VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McCracken, Ed	
1.3 STREET ADDRESS	365 FORREST AVE.; #	
1.4 CITY-ST-ZIP	PALO ALTO, CA 94301	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dacmine, Frederic	
2.3 STREET ADDRESS	14 Rue Mayet	
2.4 CITY-ST-ZIP	Paris F-75006 France	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BRENT, RONALD J	
4.3 STREET ADDRESS	36 SOUTH WOODLAND	
4.4 CITY-ST-ZIP	ENGLEWOOD, NJ 07631	
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Eckles, Jaclyne	
5.3 STREET ADDRESS	1364 BEDFORD ROAD	
5.4 CITY-ST-ZIP	PLEASANTVILLE, NY 10570	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Wyckoff, Katherine	
6.3 STREET ADDRESS	243 Corralitos Rd	
6.4 CITY-ST-ZIP	Watsonville, CA 95076	

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.

SIGNATURE _____ DATE **3/27/98** FILE # **1114 124-0371**

CR2E037 (10/97)

**The PRASAD Project
Board of Directors and Officers**

Edward R. McCracken
365 Forest Ave., #4
Palo Alto, CA 94301

Chairman of the Board

Catherine Parrish
262 Mt. Cliff Road
Hurleyville, NY 12747

Executive Director & President

Jaclyne Eckles
1364 Bedford Road
Pleasantville, NY 10570

Vice-President

Katherine Wyckoff
243 Corralitos Road
Watsonville, CA 95076

Secretary

Steve Lane
1662 Delia Drive
Decatur, GA 30033

Treasurer

Dr. William B. Lewis
2134 Westfall Road
Rochester, NY 14618

Director

Frederic Dacqmine
14 rue Mayet
Paris F-75006, FRANCE

Director

Ronald J. Brent
36 South Woodland
Englewood, NJ 07631

Director

Dr. Ranbir A. Maker
75 Coachman Place West
Mutton Town Knolls
Syosset, NY 11791

Director

Carlos Suarez
Cerro de la Escondida 115
Pedregal San Francisco
Coyoacan, Mexico 04320

Director