FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N16287

(7)

BARRACCA FOUNDATION, INC. A.K.A. PROJECT U.S.A.								
Principal Place of Business Mailing Address								
1988 FAIRVIEW SHORES DR. SUITE 10 ORLANDO FL 32804		1988 FAIRVIEW SHORES DR. SUITE 10 ORLANDO FL 32804			3. Date Incorporated or Qualified	3a . D	ate of Last Report 01/30/1995	
						08/11/1986		Applied For
. Principal Place	e of Business	2a. Mailing Address				4. FEI Number 59-2790918		Not Applicable
		26						\$8.75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	20	Fee Required
l		27 Ct. 8 State				6. Election Campaign Financing		\$5.00 May Be
City & State		City & State				Trust Fund Contribution		Added to Fees
<u></u>	Country	28 Zip	Co	ountry		8. This corporation has liability for	r intangible :	tax under s. 199.032,
Zip n	Country	29	30			Florida Statutes	∐ Yes 🛚	NO
	9. Name and Address of Curre					10. Name and Address of New	Hegisteret	1 Agent
	D The provisions of Sections 617.05 ad agent, or both, in the State of Fig.	02 and 617.1508, Florida Sta orda, Such change was author orton 617.0503, Florida Statu	tutes, the a prized by th	84 above-the corp	City named corpo oration's boa	ration submits this statement for the pard of directors. I hereby accept the ap	purpose of oppointment	85 Zip Code changing its registered off as registered agent. I am
						d. the second should	DATE	
	Signature, typed or printed name of registered ag	ND DIRECTORS		13.		ADDITIONS/CHANGES TO C	FFICERS A	Change Addition
12.	DP	DELETE	1	.1 TITLE	T) 		
TITLE	BARRACCA, ANTHONY		1	.2 NAME		DR LILLIAN M.	vong	9 5
NAME	1988 FAIRVIEW SHRS DR	10	11	I 3 STREE	T ADDRESS	814 MARKS ST	-	.1
STREET ADDRESS	ORLANDO FL			1.4 CITY-	ST-ZIP	PRLANDO FL 3	370	Change Addition
CITY-ST-ZIP TITLE	D	DELETÉ	1	2 1 TITLE	1 77	WALTER GLOVE		
NAME	OSWALD, EDWARD W			2 2 NAME	'	909 MATCHEY T	BARB	RIVO
STREET ADDRESS	1960 MARTINA ST				ET ADDRESS	400 MAICHER	919	
CITY-ST-ZIP	APOPKA FL			2. 4 CITY		ORLANDO FL 3	1011	Change Additi
TITLE	D	DELETE		3 1 TITLE	1.	Eureka J. Bots	,	
NAME	BARTON, CAROL			3 2 NAM	t	217 WEERING E	LM LA	NE
STREET ADDRESS	1630 ELM AVENUE					LONG WOOD FL	3277	· • · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	WINTER PARK FL	Tor: cre		34 CITY 41 TITL	· ST - ZIP	D		☐ Change 🔛 Addit
TITLE		DELETE	1		r l'	DR JOHN E RUSSE	1/2	_
NAME	1		Į	4. 2 NAN	TET ADDRESS	SVOS DIPLOMATA	CR	SWITE 100
STREET ADDRESS					ET ADDRESS	ORLANDO FL 32	810	
CITY - ST - ZIP		- Floorest		4.4 CITY 5.1 TITL				Change Addit
TITLE		DELETE		51 IIIL 52 NAN				
NAME			l		EET ADDRESS			
STREET ADDRESS								
				54 CH	Y-ST-ZIP			Channe Addi

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 certify 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 etachment with an address.

6 1 TITLE

62 NAME

6 3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING

DELETE

Change

0034306