

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N95000004721 (5)**

1. Corporation Name  
**PARTNERSHIP FOR A SUSTAINABLE FUTURE, INC.**



Principal Place of Business: **6414 SOUTH DRIVE MELBOURNE VILLAGE FL 32904**  
 Mailing Address: **6414 SOUTH DRIVE MELBOURNE VILLAGE FL 32904**

3. Date Incorporated or Qualified: **10/06/1995**  
 3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
: GRIFFITH, PRISCILLA 6414 SOUTH DRIVE MELBOURNE VILLAGE FL 32904		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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: *Priscilla Griffith* *Priscilla Griffith* *July 1, 1996*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Priscilla Griffith	1.2 NAME	
STREET ADDRESS	6414 South Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne Village, FL 32904	1.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kate Buchanan	2.2 NAME	
STREET ADDRESS	6012 Rena Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Pt. St. John, FL 32927	2.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald Hayes	3.2 NAME	
STREET ADDRESS	463 Spoonbill Ln.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne Beach, FL 32951	3.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Stees	4.2 NAME	
STREET ADDRESS	21 Bougainvillea Dr	4.3 STREET ADDRESS	
CITY-ST-ZIP	Cocoa Bch. FL 32931	4.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim Zarrillo	5.2 NAME	
STREET ADDRESS	760 Cajuput Circle	5.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne Village FL 32904	5.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Broussard, MD	6.2 NAME	
STREET ADDRESS	502 G New Haven Ave	6.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne FL 32901	6.4 CITY-ST-ZIP	

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 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: *Priscilla Griffith* *Priscilla Griffith* *07/1/96* *407-7237101*  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #  
*05/8/22/96 0004877*

CR2E037 (3/96)