


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000004721 (5)**  
1. Corporation Name  
**PARTNERSHIP FOR A SUSTAINABLE FUTURE, INC.**

Principal Place of Business <b>6414 SOUTH DRIVE MELBOURNE VILLAGE FL 32904</b>	Mailing Address <b>6414 SOUTH DRIVE MELBOURNE VILLAGE FL 32904-2554</b>
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3. Date Incorporated or Qualified <b>10/06/1995</b>	3a. Date of Last Report <b>08/22/1996</b>
4. FEI Number <b>APPLIED FOR 59-3433237</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**GRIFFITH, PRISCILLA  
6414 SOUTH DRIVE  
MELBOURNE VILLAGE FL 32904**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>GRIFFITH, PRISCILLA</b>
STREET ADDRESS	<b>6414 SOUTH DRIVE</b>
CITY - ST - ZIP	<b>MELBOURNE VILLAGE FL 32904</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>BUCHANAN, KATE</b>
STREET ADDRESS	<b>6012 RENA AVE</b>
CITY - ST - ZIP	<b>PT ST JOHN FL 32927</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>HAYES, GERALD</b>
STREET ADDRESS	<b>463 SPOONBILL LN</b>
CITY - ST - ZIP	<b>MELBOURNE FL 32951</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STEEES, DIANE</b>
STREET ADDRESS	<b>21 BOUGAINVILLE DR</b>
CITY - ST - ZIP	<b>COCOA BEACH FL 32931</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ZARILLO, KIM</b>
STREET ADDRESS	<b>780 CAJEPUT CIRCLE</b>
CITY - ST - ZIP	<b>MELBOURNE VILLAGE FL 32904</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BROUSSARD, WILLIAM</b>
STREET ADDRESS	<b>502 E. NEW HAVEN AVE</b>
CITY - ST - ZIP	<b>MELBOURNE FL 32901</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Priscilla Griffith*, 01/11/97, 407/722-7101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/96)