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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

N95000004721 (5)

PARTNERSHIP FOR A SUSTAINABLE FUTURE, INC. Principal Place of Business Mailing Address 6414 SOUTH DRIVE 6414 SOUTH DRIVE 3. Date Incorporated or Qualified MELBOURNE VILLAGE FL 32904 MELBOURNE VILLAGE FL 32904 10/06/1995 4. FEI Number Applied For 59-3433237 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes **⊠** No 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GRIFFITH, PRISCILLA** 82 Street Address (P.O. Box Number is Not Acceptable) 6414 SOUTH DRIVE **MELBOURNE VILLAGE FL 32904** 84 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE **GRIFFITH, PRISCILLA** NAME 1.2 NAME 6414 SOUTH DRIVE STREET ADDRESS 1.3 STREET ADDRESS **MELBOURNE VILLAGE FL 32904** CITY-ST-ZIP 1,4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE Julie Harrison 465 Lastenback Dr **BUCHANAN, KATE** 2.2 NAME NAME **6012 RENA AVE.** STREET ADDRESS 2.3 STREET ADDRESS Suklike Sch, FL 32937 PT ST JOHN FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE Zarillo, Kim 740 Cajeput Circle HAYES, GERALD 3.2 NAME 463 SPOONBILL LN STREET ADDRESS 3.3 STREET ADDRESS Melbournevillage #L MELBOURNE FL 32951 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE STEES, DIANE 4 2 NAME NAME 21 BOUGAINVILLE DR STREET ADDRESS 4.3 STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Hayes, Gerald ZARILLO. KIM 5.2 NAME NAME Spoonbill LA STREET ADDRESS **760 CAJEPUT CIRCLE** 5.3 STREET ADDRESS Nelbourne FL 32951 MELBOURNE VILLAGE FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE **BROUSSARD, WILLIAM** 6.2 NAME NAME 502 E. NEW HAVEN AVE STREET ADDRESS **6.3 STREET ADDRESS**

MELBOURNE FL 32901 CITY-ST-ZIP 6.4 CITY-ST-ZIP 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,

Tillia Halliso

FILED

May 14 1998 8:00am

Secretary of State