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Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90005 029 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N95000004721

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 |
|---|---|



| | | |
|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 10/06/1995 |
| 22 City & State | 27 City & State | 4. FEI Number 59-3433237 |
| 23 Zip 25 Country | 28 Zip 30 Country | 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 |

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
 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 | P | <input type="checkbox"/> DELETE |
| NAME | GRIFFITH, PRISCILLA | |
| STREET ADDRESS | 6414 SOUTH DRIVE | |
| CITY-ST-ZIP | MELBOURNE VILLAGE FL 32904 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | HARRISON, J | |
| STREET ADDRESS | 465 LANTENBACK DR | |
| CITY-ST-ZIP | SATELLITE BCH FL 32957 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | ZARILLO, K | |
| STREET ADDRESS | 760 CAJEPUT CIR | |
| CITY-ST-ZIP | NELBOURNE VILLAGE FL 39904 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | STEEES, DIANE | |
| STREET ADDRESS | 21 BOUGAINVILLE DR. | |
| CITY-ST-ZIP | COCOA BEACH FL 32931 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HAYES, G | |
| STREET ADDRESS | 463 SPOONBILL LN | |
| CITY-ST-ZIP | MELBOURNE FL 32951 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BROUSSARD, WILLIAM | |
| STREET ADDRESS | 502 E. NEW HAVEN AVE | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|--|
| 1.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Mary Todd | |
| 1.3 STREET ADDRESS | 135 Belaine Dr. | |
| 1.4 CITY-ST-ZIP | Merritt Island, FL 32952 | |
| 2.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Julia Parker | |
| 2.3 STREET ADDRESS | 5041 Pine Rd | |
| 2.4 CITY-ST-ZIP | Melbourne Village, FL 32904 | |
| 3.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Kim Zarillo | |
| 3.3 STREET ADDRESS | 760 Cajeput Circle | |
| 3.4 CITY-ST-ZIP | Melbourne Village, FL 32904 | |
| 4.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Priscilla Griffith | |
| 4.3 STREET ADDRESS | 6414 South Dr. | |
| 4.4 CITY-ST-ZIP | Melbourne Village, FL 32904 | |
| 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 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, with all other like empowered.

SIGNATURE: Kim Zarillo SIGNATURE REQUIRED 6/2/99 Date 407.727.2434 Daytime Phone #

CR2 E037 (1/98)