

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004721

FILED
Mar 10, 2005
Secretary of State

Entity Name: PARTNERSHIP FOR A SUSTAINABLE FUTURE, INC.

Current Principal Place of Business:

6414 SOUTH DRIVE
MELBOURNE VILLAGE, FL 32904

New Principal Place of Business:

Current Mailing Address:

6414 SOUTH DRIVE
MELBOURNE VILLAGE, FL 32904

New Mailing Address:

FEI Number: 59-3433237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITH, PRISCILLA
6414 SOUTH DRIVE
MELBOURNE VILLAGE, FL 32904 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPHAR, MARY
Address: 819 HARON RD
City-St-Zip: COCOA, FL 32926

Title: T () Delete
Name: SLANEY, ED
Address: 2981 NOVA SCOTIA LN
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: ZARILLO, KIM
Address: 5575 WILLOUGHBY DR
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: GRIFFITH, PRISCILLA
Address: 6814 S DR
City-St-Zip: MELBOURNE VILLAGE, FL 32904

Title: P () Delete
Name: RUPE, MAUREEN
Address: 7185 BRIGHT AVE
City-St-Zip: PORT ST JOHN, FL 32927

Title: S () Delete
Name: TIDD, AMY
Address: 1357 HERITAGE ACRES BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD SLANEY

T

03/10/2005

Electronic Signature of Signing Officer or Director

Date