


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90022 034 \*\*\*\*70.00

DOCUMENT # N95000004721					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRIFFITH, PRISCILLA 6414 SOUTH DRIVE MELBOURNE VILLAGE, FL 32904				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPHAR, MARY		NAME	Suzanne Valencia	
STREET ADDRESS	819 HARON RD		STREET ADDRESS	410 Lemon Grove Ave	
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	W. Melbourne FL 32904	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<del>D</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLANEY, ED		NAME	Sarah M. Linney	
STREET ADDRESS	2981 NOVA SCOTIA LN		STREET ADDRESS	711 Venus Dr.	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	Cocoa FL 32926	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZARILLO, KIM		NAME	Michael David Myjak	
STREET ADDRESS	5575 WILLOUGHBY DR		STREET ADDRESS	1615 S. Carpenter Rd	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	Titusville FL 32796	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, PRISCILLA		NAME		
STREET ADDRESS	6814 S DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE VILLAGE, FL 32904		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUPE, MAUREEN		NAME		
STREET ADDRESS	7185 BRIGHT AVE		STREET ADDRESS		
CITY-ST-ZIP	PORT ST JOHN, FL 32927		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIDD, AMY		NAME	TIDD, AMY	
STREET ADDRESS	1357 HERITAGE ACRES BLVD.		STREET ADDRESS	1357 Heritage Acres Blvd	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Rockledge FL 32955	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Edward L. Slaney</u> 3-9-06 321-242-1222					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	