

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90169 005 \*\*\*\*61.25

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-3433237** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>TODD, MARY</b>	
STREET ADDRESS	<b>135 BELAIRE DR</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SLANEY, ED</b>	
STREET ADDRESS	<b>2981 NOVA SCOTIA LN</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ZARILLO, KIM</b>	
STREET ADDRESS	<b>760 CAJEPUT CIR</b>	
CITY-ST-ZIP	<b>MELBOURNE VILLAGE FL 32904</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRIFFITH, PRISCILLA</b>	
STREET ADDRESS	<b>6814 S DR</b>	
CITY-ST-ZIP	<b>MELBOURNE VILLAGE FL 32904</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HAYES, G</b>	
STREET ADDRESS	<b>463 SPOONBILL LN</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32951</b>	
TITLE	<b>D</b>	<input checked="" 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>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b><del>Mary</del> Sphar, Mary</b>	
STREET ADDRESS	<b>819 Heron Rd</b>	
CITY-ST-ZIP	<b>COCOA FL 32926</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Zarillo, Kim</b>	
STREET ADDRESS	<b>5575 Willoughby Dr.</b>	
CITY-ST-ZIP	<b>Melbourne FL 32934</b>	
TITLE	<b>Co-Pres</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b><del>Maurice</del> Rupe, MAURCEEN</b>	
STREET ADDRESS	<b>9185 Bright Ave</b>	
CITY-ST-ZIP	<b>Port St John FL 32927</b>	
TITLE	<b>Co-Pres</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b><del>Jim</del> Egan, Jim</b>	
STREET ADDRESS	<b>MRC 270, Paint St</b>	
CITY-ST-ZIP	<b>Rockledge FL 32955</b>	

12. 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 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: Edward Slaney 2-13-03 321-242-1222

CR2E037 (10/02)