


**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 Mailing Address
6414 SOUTH DRIVE **6414 SOUTH DRIVE**
MELBOURNE VILLAGE FL 32904 **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



CHECK HERE IF MAKING CHANGES

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

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

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	S <input type="checkbox"/> Delete
NAME	TODD, MARY
STREET ADDRESS	135 BELAIRE DR
CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	T <input type="checkbox"/> Delete
NAME	SLANEY, ED
STREET ADDRESS	2981 NOVA SCOTIA LN
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	P <input type="checkbox"/> Delete
NAME	ZARILLO, KIM
STREET ADDRESS	760 CAJEPUT CIR
CITY-ST-ZIP	MELBOURNE VILLAGE FL 32904
TITLE	D <input type="checkbox"/> Delete
NAME	GRIFFITH, PRISCILLA
STREET ADDRESS	6814 S DR
CITY-ST-ZIP	MELBOURNE VILLAGE FL 32904
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HAYES, G
STREET ADDRESS	463 SPOONBILL LN
CITY-ST-ZIP	MELBOURNE FL 32951
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BROUSSARD, WILLIAM
STREET ADDRESS	502 E. NEW HAVEN AVE
CITY-ST-ZIP	MELBOURNE FL 32901

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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)