2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State
03-14-2006 90013 013 ****70.00

DOCUMENT # N04000006597

1. Entity Name
CITIZENS FOR A SUSTAINABLE FUTURE, INC.

Principal Place of Business	Mailing Address
1415 10TH STREET WEST PALMETTO, FL 34221	1415 10TH STREET WEST PALMETTO, FL 34221

01272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1291940
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZIRKELBACH, ALAN
1415 10TH STREET WEST
PALMETTO, FL 34221

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	~~DS~~ VP
NAME	TREWORGY, EVELYN
STREET ADDRESS	~~5260 RIVERVIEW BLVD~~ 6220 Manatee Ave West
CITY-ST-ZIP	~~BRADENTON, FL 34209~~ Bradenton, Fl 34209
TITLE	~~DVP~~ Secretary
NAME	~~STEPHENS, STANLEY~~ BRITT WILLIAMS
STREET ADDRESS	~~1808 79 STREET NW~~ 714 Manatee Ave East
CITY-ST-ZIP	~~BRADENTON, FL 34209~~ Bradenton, Fl 34208
TITLE	DT
NAME	JENSEN, REX
STREET ADDRESS	3504 65TH STREET EAST
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	DP
NAME	MCGUIRE, HUGH
STREET ADDRESS	11690 ERIE ROAD
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	DP
NAME	ZIRKELBACH, ALAN
STREET ADDRESS	1415 10TH STREET WEST
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	TREASURER
NAME	ROSE CARLSON
STREET ADDRESS	5413 SR 64 E. P.O. Box 25206
CITY-ST-ZIP	Bradenton, FL 34206

DO NOT WRITE IN THIS SPACE

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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #