

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000000798

Entity Name: CITIZENS FOR A SUSTAINABLE FUTURE INC.**Current Principal Place of Business:**1935 SABRA DRIVE
TALLAHASSEE, FL 32303**Current Mailing Address:**1935 SABRA DR
TALLAHASSEE, FL 32303 US**FEI Number:** 45-5008784**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STROUBLE, BRUCE W
1935 SABRA DRIVE
TALLAHASSEE, FL 32303 US*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

Officer/Director Detail :

Title OFFICER
Name FLOOD, MU-TOR K
Address 1935 SABRA DR
City-State-Zip: TALLAHASSEE FL 32303

Title OFFICER
Name ENGLISH, JUNIUS
Address P.O BOX 3402
City-State-Zip: TALLAHASSEE FL 32315

Title EXECUTIVE DIRECTOR
Name STROUBLE, BRUCE W PHD
Address 1935 SABRA DRIVE
City-State-Zip: TALLAHASSEE FL 32303

Title OFFICER
Name FELIX, CYNTHIA
Address 1935 SABRA DR
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name METZGER, NZINGA PHD
Address P.O BOX 3402
City-State-Zip: TALLAHASSEE FL 32315

Title DIRECTOR
Name DENSU, KWESI PHD
Address 1935 SABRA DRIVE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name MITCHELL, ASHLEY D ESQ.
Address 1935 SABRA DR
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name MORRIS, JOLVAN PHD
Address 1935 SABRA DR
City-State-Zip: TALLAHASSEE FL 32303

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I hereby 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 all other like empowered.

SIGNATURE: BRUCE W STROUBLE JR**DIRECTOR****05/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|----------------------|
| Title | DIRECTOR |
| Name | GASKIN, DYKIBRA |
| Address | 1935 SABRA DR |
| City-State-Zip: | TALLAHASSEE FL 32303 |