

**2016 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:**P.O BOX 3402  
TALLAHASSEE, FL 32315**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 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 P.O BOX 3402  
City-State-Zip: TALLAHASSEE FL 32315

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

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

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

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

Title DIRECTOR  
Name MITCHELL, ASHLEY D ESQ.  
Address P.O BOX 3402  
City-State-Zip: TALLAHASSEE FL 32315

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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.**EXECUTIVE DIRECTOR****03/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title                   DIRECTOR  
Name                 GASKIN, DYKIBRA  
Address             P.O BOX 3402  
City-State-Zip:   TALLAHASSEE FL 32315