

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36369

Entity Name: COUNCIL FOR SUSTAINABLE FLORIDA, INC.**Current Principal Place of Business:**1218 CAMELLIA DRIVE
TALLAHASSEE, FL 32301**Current Mailing Address:**1218 CAMELLIA DRIVE
TALLAHASSEE, FL 32301 US**FEI Number:** 59-2989880**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CENTER, TIM
1218 CAMELLIA DRIVE
TALLAHASSEE, FL 32301 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 DIRECTOR
Name KILSHEIMER, JOE
Address 2377 HOME AGAIN ROAD
City-State-Zip: APOPKA FL 32712

Title CHAIRMAN
Name HEWETT, MICHAEL
Address 3300 PUBLIX CORP PARKWAY
City-State-Zip: LAKE LAND FL 33811

Title SECRETARY
Name BRAUN, FLORETTE
Address 700 UNIVERSE BOULEVARD
City-State-Zip: JUNO BEACH FL 33408

Title VC
Name BRISTER, TAMMY
Address P.O. BOX 10000
City-State-Zip: LAKE BUENA VISTA FL 32830

Title TREASURER
Name MATTHEW, HARRIS
Address 8517 SOUTH PARK CIRCLE
City-State-Zip: ORLANDO FL 32819

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: MATTHEW HARRIS**TREASURER****04/04/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date