2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36369

FILED Apr 25, 2005 Secretary of State

Entity Name: COUNCIL FOR SUSTAINABLE FLORIDA, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1415 EAST SUITE 1	PIEDMONT D	DRIVE			
	SSEE, FL 3230)8 US			
Current Mailing Address:			New Maili	New Mailing Address:	
1415 EAST SUITE 1	FPIEDMONT D	DRIVE			
TALLAHAS	SSEE, FL 3230)8 US			
FEI Number:	59-2989880	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent	t: Name and	Address of New Registered Agent:	
1435 PIEDI SUITE 1	SHARON M. MONT DRIVE	20. 110			
TALLAHAS	SSEE, FL 3230	08 US			
	named entity s of Florida.	submits this statement for t	the purpose of changing it	ts registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered	l Agent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CHILDRESS, KA 24301 WALDEN	Delete AREN I CENTER DRIVE GS, FL 34134 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () NICHOLSON, W 255 WATER ST JACKSONVILLE	., STE 110	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition NICHOLSON, WILLIAM R 3652 SOUTH 3RD ST., SUITE 200 JACKSONVILLE, FL 32250 US	
Title: Name: Address: City-St-Zip:	RAJCHEL, MAR	T DRIVE SUITE 211	Title: Name: Address: City-St-Zip:	IPPD (X) Change () Addition RAJCHEL, MARY LOU POST OFFICE BOX 10209 TALLAHASSEE, FL 32302 US	
Title: Name: Address: City-St-Zip:	TILLIS, DAVID	Delete TAL DR., STE 400 E, FL 32207	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition BEN, PARKS 315 SOUTH CALHOUN STREET, SUITE 315 TALLAHASSEE, FL 32301 US	
Title: Name: Address: City-St-Zip:	WRAGG, OTIS	L AVENUE SUITE 400	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition WRAGG, OTIS O 1000 BRICKELL AVENUE SUITE 400 MIAMI, FL 33131 US	
Title: Name: Address: City-St-Zip:	TD (X) WORTHEN, DRI 116 PERRY-PAI TALLAHASSEE,	IGE	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SHARON M. COOPER ED 04/25/2005