

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90731 048 ****61.25

DOCUMENT # N95000004721

1. Entity Name

PARTNERSHIP FOR A SUSTAINABLE FUTURE, INC.



Principal Place of Business

**6414 SOUTH DRIVE
MELBOURNE VILLAGE FL 32904**

Mailing Address

**6414 SOUTH DRIVE
MELBOURNE VILLAGE FL 32904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3433237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRIFFITH, PRISCILLA
6414 SOUTH DRIVE
MELBOURNE VILLAGE FL 32904**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **S. SPAR, MARY**
STREET ADDRESS **819 HARON RD**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Delete
NAME **SLANEY, ED**
STREET ADDRESS **2981 NOVA SCOTIA LN**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete
NAME **ZARILLO, KIM**
STREET ADDRESS **5575 WILLOUGHBY DR**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☐ Delete
NAME **GRIFFITH, PRISCILLA**
STREET ADDRESS **6814 S DR**
CITY-ST-ZIP **MELBOURNE VILLAGE FL 32904**

TITLE ☐ Delete
NAME **RUPE, MAUREEN**
STREET ADDRESS **7185 BRIGHT AVE**
CITY-ST-ZIP **PORT ST JOHN FL 32927**

TITLE ☒ Delete
NAME **EGAN, JIM**
STREET ADDRESS **MRC 270 PAINT ST**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **~~D~~ SPAR, MARY**
STREET ADDRESS **819 HERON RD**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **P RUPE, MAUREEN**
STREET ADDRESS **7185 BRIGHT AVE**
CITY-ST-ZIP **PORT ST JOHN FL 32927**

TITLE ☐ Change ☒ Addition
NAME **S TIDD, AMY**
STREET ADDRESS **1357 HERITAGE ACRES BLVD.**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Edward L. Slaney 4-15-04 321-242-1222

Date

Daytime Phone #