


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000002198**

1. Entity Name  
 CITIZENS FOR BETTER SCHOOLS, INC.



Principal Place of Business  
 ONE SOUTH SCHOOL AVENUE, STE 301  
 SARASOTA, FL 34237

Mailing Address  
 ONE SOUTH SCHOOL AVENUE, STE 301  
 SARASOTA, FL 34237

**DO NOT WRITE IN THIS SPACE**



07182006 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 65-1098521 Applied For  
 Not Applicable

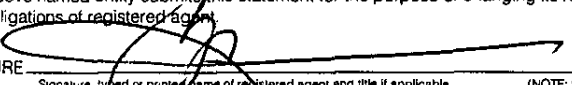
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, JEFFREY S  
 240 S PINEAPPLE AVE, 10TH FLOOR  
 SARASOTA, FL 34236

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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:  DATE: 8-15-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEINRICH, CARL ONE SOUTH SCHOOL AVENUE, STE 301 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RICHARDSON, ROBERT ONE SOUTH SCHOOL AVENUE, STE 301 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DERR, FRED ONE SOUTH SCHOOL AVENUE, STE 301 SARASOTA, FL 34237
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 09/23/06-80002-018-61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **8/21/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #