## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 18, 2008 08:00 Al Secretary of State **DOCUMENT # N01000002198** CITIZENS FOR BETTER SCHOOLS, INC. Principal Place of Business Mailing Address ONE SOUTH SCHOOL AVENUE, STE 301 ONE SOUTH SCHOOL AVENUE, STE 301 SARASOTA, FL 34237 SARASOTA, FL 34237 04032008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1098521 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUSSELL, JEFFREY S DO NOT WRITE 240 S PINEAPPLE AVE, 10TH FLOOR SARASOTA, FL 34236 IN THIS SPACE 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 age SIGNATURE ered agent and little if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS 10. TITLE DP NAME WEINRICH, CARL STREET ADDRESS ONE SOUTH SCHOOL AVENUE, STE 301 CITY-ST-ZIP SARASOTA, FL 34237 TITLE NAME RICHARDSON, ROBERT STREET ADDRESS ONE SOUTH SCHOOL AVENUE, STE 301 CITY-ST-ZIP SARASOTA, FL 34237 TITLE DST NAME DERR, FRED STREET ADDRESS ONE SOUTH SCHOOL AVENUE, STE 301 DO NOT WRITE CITY-ST-ZIF SARASOTA, FL 34237 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, it 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 li

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

x.1015