

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90008 002 \*\*\*\*61.25

**DOCUMENT # N01000008173**

1. Entity Name  
**CITIZENS FOR QUALITY EDUCATION, INC.**



Principal Place of Business  
**500 S. FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801**

Mailing Address  
**500 S. FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801**

**50003741**



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3755914**

Applied For  
Not Applied

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CLARK, RONALD L  
500 S. FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801**

**DO NOT WRITE  
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 agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	BERRYMAN, HUNT
STREET ADDRESS	1025 N CHESNUT RD
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	TD
NAME	ADAMS, BEN R JR
STREET ADDRESS	202 SECURITY SQUARE BUSINESS CENTER
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	SD
NAME	HARDAWAY, LARRY
STREET ADDRESS	500 S. FLORIDA AVENUE, SUITE 800
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	GC
NAME	CLARK, RONALD L
STREET ADDRESS	500 SOUTH FLORIDA AVE, STE 800
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, as applicable, of this report.

**SIGNATURE:**