
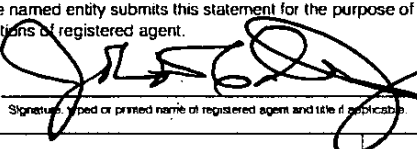
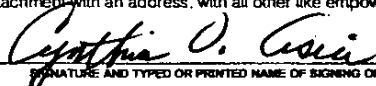


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90167 025 ****70.00

DOCUMENT # N05000004889 1. Entity Name CITIZENS ALLIANCE OF SAN MATEO, INCORPORATED					
Principal Place of Business 130 LIVE OAK ST SAN MATEO, FL 32187			Mailing Address 130 LIVE OAK ST SAN MATEO, FL 32187		
2. Principal Place of Business 424 N. Fern Street			3. Mailing Address P.O. Box 362		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State San Mateo, Florida			City & State San Mateo, Florida		
Zip 32187			Zip 32187		
Country USA			Country USA		
4. FEI Number			<input checked="" type="checkbox"/> Applied For Not Applicable		
5. Certificate of Status Desired			<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent EDWARDS, JOHN W JR 1645 INKBERRY LN JACKSONVILLE, FL 32259				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> (NOTE: Registered Agent signature required when reappointing) </div> <div style="width: 30%; text-align: right;"> DATE: 3.4.06 </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODS, MELVIN A 130 LIVE OAK ST SAN MATEO, FL 32187	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cynthia Asia 424 N. Fern Street San Mateo, Florida 32187 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAYNARD, GLADYS 130 LIVE OAK ST SAN MATEO, FL 32187	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Edna Edwards 128 Live Oak Street San Mateo, Florida 32187 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASIA, CYNTHIA 130 LIVE OAK ST SAN MATEO, FL 32187	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Alice Edwards 128 Live Oak Street San Mateo, Florida 32187 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD EDWARDS, ALICE 130 LIVE OAK ST SAN MATEO, FL 32187	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Alma Woods 130 Live Oak Street San Mateo, Florida 32187 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ASIA, ALICIA B 130 LIVE OAK ST SAN MATEO, FL 32187	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Alicia B. Asia 424 N. Fern Street San Mateo, Florida 32187 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DAVID SR 130 LIVE OAK ST SAN MATEO, FL 32187	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chaplin David Johnson, Sr. 424 N. Fern Street San Mateo, Florida 32187 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Cynthia Asia, President Date: 3/4/06 Daytime Phone #: 386-328-1607		