


FILED
Jun 04, 2007 8:00 am
Secretary of State

04-25-2007 90204 002 ****70.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000004889			
1. Entity Name CITIZENS ALLIANCE OF SAN MATEO, INCORPORATED			
Principal Place of Business 424 N FERN ST SAN MATEO, FL 32187		Mailing Address POB 362 SAN MATEO, FL 32187	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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			
TITLE	P	<input type="checkbox"/> Delete	
NAME	ASIA, CYNTHIA		
STREET ADDRESS	424 N FERN ST		
CITY - ST - ZIP	SAN MATEO, FL 32187		
TITLE	VP	<input checked="" type="checkbox"/> Delete	
NAME	EDWARDS, EDNA		
STREET ADDRESS	128 LIVE OAK ST		
CITY - ST - ZIP	SAN MATEO, FL 32187		
TITLE	S	<input type="checkbox"/> Delete	
NAME	EDWARDS, ALICE		
STREET ADDRESS	128 LIVE OAK ST		
CITY - ST - ZIP	SAN MATEO, FL 32187		
TITLE	AS	<input checked="" type="checkbox"/> Delete	
NAME	WOODS, ALMA		
STREET ADDRESS	130 LIVE OAK ST		
CITY - ST - ZIP	SAN MATEO, FL 32187		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	ASIA, ALICIA B		
STREET ADDRESS	130 LIVE OAK ST		
CITY - ST - ZIP	SAN MATEO, FL 32187		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	JOHNSON, DAVID SR		
STREET ADDRESS	130 LIVE OAK ST		
CITY - ST - ZIP	SAN MATEO, FL 32187		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Jaunita Gilyard		
STREET ADDRESS	590 Old San Mateo Road		
CITY - ST - ZIP	San Mateo, FL 32187		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Quenteria Johnson		
STREET ADDRESS	143 Pinecrest Circle		
CITY - ST - ZIP	San Mateo, Florida 32187		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Walter James Lassiter, II		
STREET ADDRESS	154 N. Boundary Road		
CITY - ST - ZIP	San Mateo, Florida 32187		
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: <i>Cynthia O. Lewis</i>		Date: <i>2/2/07</i> 386-388-1607	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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Internal Revenue Service

DEPARTMENT OF THE TREASURY

The
Digital
Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

26-0277333

Today's Date is: June 02, 2007 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

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Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 26-0277333 OMB No. 1545-0003
1* Legal name of entity (or individual) for whom the EIN is being requested citizens alliance of san mateo incorporated		
2 Trade name of business (if different from name on line 1)		3* Executor, trustee, "care of" name Cynthia Asia
4a* Mailing address (room, apt., suite no. and street, or P.O. box) p o box 382		5a Street address (if different) (Do not enter a P.O. box) 424 n fern street
4b* City, state, and ZIP code san mateo FL 32187 -		5b City, state, and ZIP code san mateo FL 32187 -
6* County and state where principal business is located County putnam State FL		
7a Name of principal officer, general partner, grantor, owner, or trustee		7b SSN, ITIN, EIN
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ social community svcs <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State FL Foreign country
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ charitable <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶
10* Date business started or acquired (month, day, year) MAY 1 2006		11 Closing month of accounting year
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶		
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0"</i>		
		Agriculture 0 Household 0 Other 0
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Other (specify)		
15* Indicate principal line of merchandise sold, specific construction work done; products produced; or services provided. crime prevention neighborhood watch social svcs		
16a* Has the applicant ever applied for an employer identification number for this or any other business? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>Note if "Yes" please complete lines 16b and 16c</i>		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN		
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form		
Third Party Designee	Designee's name Address and ZIP code	Designee's telephone number (include area code) () - Designee's tax number (include area code) () -
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)

ATTACHMENT

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Name and title (type or print clearly) ▶ <u>john w edwards jr</u>	(904) 287 - 9863
Signature ▶ Not Required	Applicant's fax number (include area code)
Date ▶ June 02, 2007 GMT	(904) 287 - 2945