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Secretary of State
04-25-2007 90204 002 ****70.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4.

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

01132007 Chg-NP CR2E037 (12/06)

4. FEI Number ~~APPLIED FOR~~ 26-0277333 | Applied For | Not Applicable

5. Certificate of Status Desired ☒ $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 | FL | Zip Code

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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 P NAME ASIA, CYNTHIA STREET ADDRESS 424 N FERN ST CITY-ST-ZIP SAN MATEO, FL 32187	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME EDWARDS, EDNA STREET ADDRESS 128 LIVE OAK ST CITY-ST-ZIP SAN MATEO, FL 32187	☒ Delete	TITLE Vice President NAME Jaunita Gilyard STREET ADDRESS 590 Old San Mateo Road CITY-ST-ZIP San Mateo, Fl 32187	☒ Change ☐ Addition
TITLE S NAME EDWARDS, ALICE STREET ADDRESS 128 LIVE OAK ST CITY-ST-ZIP SAN MATEO, FL 32187	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE AS NAME WOODS, ALMA STREET ADDRESS 130 LIVE OAK ST CITY-ST-ZIP SAN MATEO, FL 32187	☒ Delete	TITLE AS NAME Quenteria Johnson STREET ADDRESS 143 Pinecrest Circle CITY-ST-ZIP San Mateo, Florida 32187	☒ Change ☐ Addition
TITLE TD NAME ASIA, ALICIA B STREET ADDRESS 130 LIVE OAK ST CITY-ST-ZIP SAN MATEO, FL 32187	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME JOHNSON, DAVID SR STREET ADDRESS 130 LIVE OAK ST CITY-ST-ZIP SAN MATEO, FL 32187	☒ Delete	TITLE D NAME Walter James Lassiter, II STREET ADDRESS 154 N Boundary Road CITY-ST-ZIP San Mateo, Florida 32187	☒ Change ☐ 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: Cynthia D. Asia 2/2/07 386-328-1607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66017443

#N05000004889

Internal Revenue Service The Digital Daily

DEPARTMENT OF THE TREASURY

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.

ATTACHMENT

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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 362

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 trustor

7b SSN, ITIN, EIN

8a* Type of entity (check only one)
- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶
- ☐ Personal Service
- ☐ Church or church-controlled organization
- ☑ Other nonprofit organization (specify) ▶ social community svs
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal government/enterprises

Group Exemption NO. (GEN) ▶

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)
- ☑ Started new business (specify type) ▶ charitable
- ☐ Hired employees (Check the box and see line 12)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ 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) *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ..... ▶

13 Highest number of employees expected in the next twelve months **Note:** *If the applicant does not expect to have any employees during the period, enter "-0-"* ..... ▶

Agriculture	Household	Other
0	0	0

14* Check box that best describes the principal activity of your business
- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☑ Health care & social assistance
- ☐ Wholesale-agent/broker
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Accommodation & food service
- ☐ Wholesale-other
- ☐ Retail
- ☐ Other (specify)

15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
crime prevention neighborhood watch social svs

16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... ☐ Yes ☑ No
Note *If "Yes" please complete lines 16b and 16c*

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
		-

Third Party Designee

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

Designee's name

Address and ZIP code

Designee's telephone number (include area code)
( ) -

Designee's fax 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 66017443
#N05000004889

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