2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004889

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SAN MATEO, FL 32187

LASSITER, WALTER J II

154 N BOUNDARY RD

SAN MATEO, FL 32187

() Delete

FILED Apr 29, 2008 Secretary of State

Entity Name: CITIZENS ALLIANCE OF SAN MATEO, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 424 N FERN ST 430 N FERN ST SAN MATEO, FL 32187 SAN MATEO, FL 32187 **Current Mailing Address: New Mailing Address: POB 362** SAN MATEO, FL 32187 FEI Number: 26-0277333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EDWARDS, JOHN W JR 1645 INKBERRY LN JACKSONVILLE, FL 32259 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ASIA. CYNTHIA KEENAN, AUDREY Name: Name: 424 N FERN ST Address: 430 N FERN ST Address: SAN MATEO, FL 32187 City-St-Zip: City-St-Zip: SAN MATEO, FL 32187 Title: Title: () Delete () Change () Addition GILYARD, JAUNITA Name: Name: Address: 590 OLD SAN MATEN RD Address: City-St-Zip: SAN MATEO, FL 32187 City-St-Zip: Title: () Delete Title: (X) Change () Addition EDWARDS, ALICE Name: GILYARD-THOMAS, REGINA Name: 111 LIVE OAK ST Address: 128 LIVE OAK ST Address: City-St-Zip: SAN MATEO, FL 32187 City-St-Zip: SAN MATEO, FL 32187 Title: AS () Delete Title: AS (X) Change () Addition JOHNSON, QUENTERIA Name: Name: ASIA, CYNTHIA 143 PINECREST CIR Address: Address: 424 N FERN STREET City-St-Zip: SAN MATEO, FL 32187 City-St-Zip: SAN MATEO, FL 32187 Title: () Delete Title: () Change () Addition ASIA, ALICIA B Name: Name: 130 LIVE OAK ST Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: AUDREY KEENAN P 04/29/2008

(X) Change () Addition

GILYARD, SANDY

646 OLD SAN MATEO ROAD

SAN MATEO, FL 32187