2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2009
Secretary of State

DOCUMENT# N05000004889

Entity Name: CITIZENS ALLIANCE OF SAN MATEO, INCORPORATED

Current Principal Place of Business:

430 N FERN ST
SAN MATEO, FL 32187

New Principal Place of Business:

Current Mailing Address:

POB 362
SAN MATEO, FL 32187

New Mailing Address:

FEI Number: 26-0277333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EDWARDS, JOHN W JR
1645 INKBERRY LN
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	KEENAN, AUDREY	
Address:	430 N FERN ST	
City-St-Zip:	SAN MATEO, FL 32187	
Title:	VP	( ) Delete
Name:	GILYARD, JAUNITA	
Address:	590 OLD SAN MATEN RD	
City-St-Zip:	SAN MATEO, FL 32187	
Title:	S	( ) Delete
Name:	GILYARD-THOMAS, REGINA	
Address:	111 LIVE OAK ST	
City-St-Zip:	SAN MATEO, FL 32187	
Title:	AS	( ) Delete
Name:	ASIA, CYNTHIA	
Address:	424 N FERN STREET	
City-St-Zip:	SAN MATEO, FL 32187	
Title:	TD	( ) Delete
Name:	ASIA, ALICIA B	
Address:	130 LIVE OAK ST	
City-St-Zip:	SAN MATEO, FL 32187	
Title:	D	( ) Delete
Name:	GILYARD, SANDY	
Address:	646 OLD SAN MATEO ROAD	
City-St-Zip:	SAN MATEO, FL 32187	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: JOHN W EDWARDS, JR RA 08/10/2009

Electronic Signature of Signing Officer or Director — Date