

N14000002084

Name Account for Church Inc Phone number 561-842-7222 Page 5

**Fraudulent Account Statement 400407513944**

**Completing this Statement**

- Make as many copies of this page as you need. **Complete a separate page for each company you're notifying and only send it to that company.** Include a copy of your signed affidavit.
- List only the account(s) you're disputing with the company receiving this form. **See the example below.**
- If a collection agency sent you a statement, letter or notice about the fraudulent account, attach a copy of that document (**NOT** the original).

**I declare (check all that apply):**

- As a result of the event(s) described in the ID Theft Affidavit, the following account(s) was/were opened at your company in my name without my knowledge, permission or authorization using my personal information or identifying documents:

Creditor Name/Address (the company that opened the account or provided the goods or services)	Account Number	Type of unauthorized credit/goods/services provided by creditor (if known)	Date issued or opened (if known)	Amount/Value provided (the amount charged or the cost of the goods/services)
State of Florida Division of Corporations Affiant did not authorize reinstatement or know the party filing. The phone number and email address listed do not belong to Affiant	01234567-89	reinstatement of dissolved entity so as to commit credit car fraud.	05/01/2023	\$297.50

- During the time of the accounts described above, I had the following account open with your company:

Billing name Name

Billing address \_\_\_\_\_

Account number \_\_\_\_\_

**DO NOT SEND AFFIDAVIT TO THE FTC OR ANY OTHER GOVERNMENT AGENCY**

Name Michael Posner / Assoc'd for Char. G Phone number 561.842.3000 Page 1

## ID Theft Affidavit

### Victim Information

- (1) My full legal name is Michael J Posner  
(First) (Middle) (Last) (Jr., Sr., III)
- (2) (If different from above) When the events described in this affidavit took place, I was known as  
Assoc'd for Char. G, Inc.  
(First) (Middle) (Last) (Jr., Sr., III)
- (3) My date of birth is \_\_\_\_\_  
(day/month/year)
- (4) My Social Security number is \_\_\_\_\_
- (5) My driver's license or identification card state and number are \_\_\_\_\_
- (6) My current address is 4420 Beacon Circle  
City West Palm Beach State FL Zip Code 33407
- (7) I have lived at this address since 1997  
(month/year)
- (8) (If different from above) When the events described in this affidavit took place, my address was  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- (9) I lived at the address in Item 8 from \_\_\_\_\_ until \_\_\_\_\_  
(month/year) (month/year)
- (10) My daytime telephone number is (561) 842-3000  
My evening telephone number is (\_\_\_\_) \_\_\_\_\_

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How the Fraud Occurred

Check all that apply for items 11 - 17:

- (11)  I did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods or services described in this report.
- (12)  I did not receive any benefit, money, goods or services as a result of the events described in this report.
- (13)  My identification documents (for example, credit cards; birth certificate; driver's license; Social Security card; etc.) were  stolen  lost on or about April 2023  
(day/month/year)
- (14)  To the best of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, Social Security number, mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization:

<u>Unknown</u>	
_____ Name (if known)	_____ Name (if known)
_____ Address (if known)	_____ Address (if known)
_____ Phone number(s) (if known)	_____ Phone number(s) (if known)
_____ Additional information (if known)	_____ Additional information (if known)

- (15)  I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.
- (16)  Additional comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.)

I formed the corporation for charity. It ended  
in 2021. In April 2023 some unknown  
person reconstituted the corporation in my name

(Attach additional pages as necessary.)

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**Victim's Law Enforcement Actions**

- (17) (check one) I  am  am not willing to assist in the prosecution of the person(s) who committed this fraud.
- (18) (check one) I  am  am not authorizing the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this fraud.
- (19) (check all that apply) I  have  have not reported the events described in this affidavit to the police or other law enforcement agency. The police  did  did not write a report. In the event you have contacted the police or other law enforcement agency, please complete the following:

_____	_____
<b>(Agency #1)</b>	(Officer/Agency personnel taking report)
_____	_____
(Date of report)	(Report number, if any)
_____	_____
(Phone number)	(email address, if any)
_____	_____
<b>(Agency #2)</b>	(Officer/Agency personnel taking report)
_____	_____
(Date of report)	(Report number, if any)
_____	_____
(Phone number)	(email address, if any)

**Documentation Checklist**

Please indicate the supporting documentation you are able to provide to the companies you plan to notify. Attach copies (NOT originals) to the affidavit before sending it to the companies.

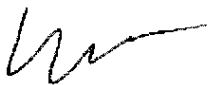
- (20)  A copy of a valid government-issued photo-identification card (for example, your driver's license, state-issued ID card or your passport). If you are under 16 and don't have a photo-ID, you may submit a copy of your birth certificate or a copy of your official school records showing your enrollment and place of residence.
- (21)  Proof of residency during the time the disputed bill occurred, the loan was made or the other event took place (for example, a rental/lease agreement in your name, a copy of a utility bill or a copy of an insurance bill).

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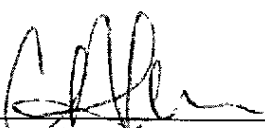
- (22)  A copy of the report you filed with the police or sheriff's department. If you are unable to obtain a report or report number from the police, please indicate that in Item 19. Some companies only need the report number, not a copy of the report. You may want to check with each company.

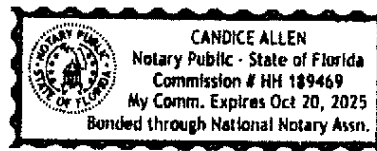
**Signature**

I certify that, to the best of my knowledge and belief, all the information on and attached to this affidavit is true, correct, and complete and made in good faith. I also understand that this affidavit or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may constitute a violation of 18 U.S.C. §1001 or other federal, state, or local criminal statutes, and may result in imposition of a fine or imprisonment or both.

  
(signature)

5/17/23  
(date signed)

  
(Notary)



[Check with each company. Creditors sometimes require notarization. If they do not, please have one witness (non-relative) sign below that you completed and signed this affidavit.]

**Witness:**

Eileen F. Williams  
(signature)

EILEEN F. WILLIAMS  
(printed name)

5/18/23  
(date)

561-842-3000  
(telephone number)

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