

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006066

Entity Name

CHARITY BANK OF CHRISTIANS IN ACTION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90230 026 ****61.25

Principal Place of Business

4178 S CHICKASAW TR
ORLANDO FL 32829

Mailing Address

PO BOX 720448
ORLANDO FL 32872-0448

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3473675

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, MIMI
4178 S CHICKASAW TR
ORLANDO FL 32829

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MIMI DIAZ
STREET ADDRESS 4178 S CHICKASAW TR
CITY-ST-ZIP ORLANDO FL 32829 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME CARLOS BRAY
STREET ADDRESS 8224 SCARBOROUGH CT
CITY-ST-ZIP ORLANDO FL 32829 ☒ Delete

TITLE Vice President (VPD)
NAME Candida Romero
STREET ADDRESS 7441 Marseille Circle
CITY-ST-ZIP Orlando, FL. 32822 ☒ Change ☐ Addition

TITLE DT
NAME W MARTINEZ
STREET ADDRESS 8344 RAIN FOREST DR
CITY-ST-ZIP ORLANDO FL 32829 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS
NAME TERRY DIAZ
STREET ADDRESS 4178 S CHICKASAW TR
CITY-ST-ZIP ORLANDO FL 32829 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/00 (407) 859-7560 X226

CR2E037 (9/99)