

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006066

1. Entity Name

CHARITY BANK OF CHRISTIANS IN ACTION, INC.

FILED

Mar 24, 2002 8:00 am  
Secretary of State

03-24-2002 90018 044 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4178 S CHICKASAW TR  
ORLANDO FL 32829

PO BOX 720448  
ORLANDO FL 32872

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3473675

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

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

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

TITLE VPD ☒ Delete  
NAME ROMERO, CANDIDA  
STREET ADDRESS 7441 MARSEILLE CIR  
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ Change ☒ Addition  
NAME Juanita Betancourt  
STREET ADDRESS 4040 Eaglefeather Dr.  
CITY-ST-ZIP Orlando, FL 32829

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

CR2E037 (9/01)