

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000006066**

1. Entity Name  
**CHARITY BANK OF CHRISTIANS IN ACTION, INC.**



Principal Place of Business  
**4178 S CHICKASAW TR  
ORLANDO, FL 32829**

Mailing Address  
**PO BOX 720448  
ORLANDO, FL 32872**



02202004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3473675**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DIAZ, MIMI  
4178 S CHICKASAW TR  
ORLANDO, FL 32829**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☒ **\$5.00 May Be  
Added to Fees**

**000000077522  
03/05/04-80046-004 66.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MIMI DIAZ 4178 S CHICKASAW TR ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT W MARTINEZ 8344 RAIN FOREST DR ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TERRY DIAZ 4178 S CHICKASAW TR ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BETANCOURT, JUANITA 4040 EAGLEFEATHER DR ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #

*Terry Diaz - President 2/29/04 (407) 859-7560*  
*407-236*