

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006066

FILED
Jan 20, 2005
Secretary of State

Entity Name: CHARITY BANK OF CHRISTIANS IN ACTION, INC.

Current Principal Place of Business:

4178 S CHICKASAW TR
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

PO BOX 720448
ORLANDO, FL 32872

New Mailing Address:

FEI Number: 59-3473675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DIAZ, TERRY
4178 S CHICKASAW TR
ORLANDO, FL 32829 US

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: TERRY DIAZ

01/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MIMI DIAZ,
Address: 4178 S CHICKASAW TR
City-St-Zip: ORLANDO, FL 32829

Title: DT () Delete
Name: W MARTINEZ,
Address: 8344 RAIN FOREST DR
City-St-Zip: ORLANDO, FL 32829

Title: PD () Delete
Name: TERRY DIAZ,
Address: 4178 S CHICKASAW TR
City-St-Zip: ORLANDO, FL 32829

Title: VPD () Delete
Name: BETANCOURT, JUANITA
Address: 4040 EAGLEFEATHER DR
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: W MARTINEZ,
Address: 7654 COCONUT CREEK DR.
City-St-Zip: ORLANDO, FL 32822

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 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 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: TERRY DIAZ

PD

01/20/2005

Electronic Signature of Signing Officer or Director

Date