2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006066

FILED Feb 24, 2007 Secretary of State

Entity Name: CHARITY BANK OF CHRISTIANS IN ACTION, INC. **Current Principal Place of Business: New Principal Place of Business:** 4178 S CHICKASAW TR 9652 DORIS LANE ORLANDO, FL 32829 ORLANDO, FL 32829 **Current Mailing Address: New Mailing Address:** PO BOX 720448 ORLANDO, FL 32872 FEI Number: 59-3473675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIAZ, TERRY DIAZ, TERRY 4178 S CHICKASAW TR 9652 DORIS LANE US ORLANDO, FL 32829 ORLANDO, FL 32829 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: 02/24/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: SD () Delete (X) Change () Addition MIMI DIAZ. Name: MIMI DIAZ, Name: 4178 S CHICKASAW TR Address: 3250 ANDROS PLACE Address: City-St-Zip: ORLANDO, FL 32829 City-St-Zip: ORLANDO, FL 32824 Title: DT Title: () Delete () Change () Addition Name: W MARTINEZ, Name: Address: 7654 COCONUT CREEK DR. Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: () Change () Addition TERRY DIAZ, Name: Name: 4178 S CHICKASAW TR Address: Address: City-St-Zip: ORLANDO, FL 32829 City-St-Zip: () Delete Title: VPD Title: () Change () Addition BETANCOURT, JUANITA Name: Name: Address: 4040 EAGLEFEATHER DR Address: City-St-Zip: ORLANDO, FL 32829 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 02/24/2007