2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N97000006066

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

Current Principal Place of Business:

7654 COCONUT CREEK DR.
ORLANDO, FL 32822

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DIAZ, TERRY
2417 WINNIPEG DR.
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: MIMI DIAZ
Address: 3250 ANDROS PLACE
City-St-Zip: ORLANDO, FL 32824

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

Title: PD ( ) Delete
Name: TERRY DIAZ
Address: 2417 WINNIPEG DR
City-St-Zip: LAKELAND, FL 33805

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

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 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 05/04/2009

Electronic Signature of Signing Officer or Director — Date