2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N00000000041

Entity Name: ERITRO-AMERICAN SOCIETY OF TAMPA BAY, INC.

Current Principal Place of Business:

1562 15TH STREET SOUTH
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1562 15TH STREET SOUTH
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-3609078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DESTA, TECLEAB T
1562 15TH STREET SOUTH
ST. PETERSBURG, FL 33705 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:	PS	( ) Delete
Name:	DESTA, TECLEAB T	
Address:	1562 15TH ST. S	
City-St-Zip:	SAINT PETERSBURG, FL 33705	
Title:	V	( ) Delete
Name:	DENSIEW, NAIZGHI T	
Address:	3920 W STATE ST	
City-St-Zip:	TAMPA, FL 33609	
Title:	T	( ) Delete
Name:	ASGHODOM, MARCOS E	
Address:	4602 N. JAMAICA ST	
City-St-Zip:	TAMPA, FL 33614	
Title:	D	( ) Delete
Name:	MUHUTZ, GHEBRIHIWET	
Address:	202 N. HABANA	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	DRAR, GHEBRESLASIE	
Address:	3218 W. BEACH ST	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	GHEBREMEDHIN, KIDISTI	
Address:	3218 W BEACH ST	
City-St-Zip:	TAMPA, FL 33607	

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:	
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: TECLEAB T. DESTA PS 03/10/2009

Electronic Signature of Signing Officer or Director — Date