2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State
04-25-2003 90472 001 *****8.75
04-25-2003 90472 002 ****61.25

4/2
4/2

55042605

DOCUMENT # N02000007739

1. Entity Name
THE HOLY TRINITE OF ETHIOPIAN ORTHODOX TEWAHIDO CHURCH INC

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
5631 COMMERCE STREET JACKSONVILLE FL 32211	5631 COMMERCE STREET JACKSONVILLE FL 32211

2. Principal Place of Business	3. Mailing Address
5631 Commerce Street	5631 Commerce St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Fl	City & State: Jacksonville Fl
Zip: 32211 Country: Duval	Zip: 32211 Country: Duval

4. FEI Number 50-0006972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YTBAREK, ZERIHUN 2900 CORNET LANE #904 JAXONVILLE FL	Name: SERBESS, MULUGETA Street Address (P.O. Box Number is Not Acceptable): 8293 Old Kings RD #7 City: Jacksonville FL Zip Code: 32277

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: Mulugeta Serbessa 04/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEBRETSADIK, GETENET 3550 DRESEL STREET JACKSONVILLE FL 32277	☐ Delete D.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SERBESSA, MULUGETA 8293 OLD KINGS RD #7 JACKSONVILLE FL 32277	☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAILW, ALEM 5885 EVENFIELD RD #F2 JACKSONVILLE FL 32277	☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BEREKA, YESHI 2929 JUSTNA RD #56 JACKSONVILLE FL 32277	☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED 4-22-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #