

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002547

FILED
Jan 03, 2006
Secretary of State

Entity Name: DEBRE BRHAN HOLY TRINITY OF ETHIOPIAN ORTHODOX TEWAHEDO CHURCH INC.

Current Principal Place of Business:

5631 COMMERCE STREET
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

1130 CALIENTE DR.
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAMUEL, ABA ENKUBAHIRY
5631 COMMERCE STREET
JACKSONVILLE, FL 32211 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: P () Delete
Name: SAMUEL, ENKUBAHIRY KOMOS
Address: 1130 CALIENTE DR.
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP () Delete
Name: KASSA, ZEWDENEH
Address: 11094 COLDFIELD DR.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: DABI, TILAHUN
Address: 324 NAUGATUCK DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: DESSTA, AMELIA
Address: 10010 SKINNER LAKE DR. APT # 921
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: DESTA, YEWORKWUHA
Address: 7509 FAWNLAKE DR S
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: ADMASU, ATAKELTE
Address: 7853 SUMMER STAR CT.
City-St-Zip: JACKSONVILLE, FL 32221

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
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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 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: ABA SAMUEL ENKUBAHIRY

ABA

01/03/2006

Electronic Signature of Signing Officer or Director

Date