

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000002547

FILED  
Aug 13, 2009  
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:**

646 PARKER ST  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

1020 CALIENTE DR.  
JACKSONVILLE, FL 32211

**New Mailing Address:**

646 PARKER ST.  
JACKSONVILLE, FL 32202

**FEI Number:** 20-5593902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GEBREHIWOT, ABBA ZEKARIAS  
5631 COMMERCE STREET  
JACKSONVILLE, FL 32211 US

**Name and Address of New Registered Agent:**

GEBREHIWOT, ABBA ZEKARIAS  
646 PARKER ST.  
JACKSONVILLE, FL 32202 US

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: ZEWDENEH KASSA

08/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GEBREHIWOT, ZEKARIAS ABBA  
Address: 1020 CALIENTE DR.  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP ( ) Delete  
Name: KASSA, ZEWDENEH  
Address: 433 MARTIN LAKE DR S  
City-St-Zip: JACKSONVILLE, FL 32220

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, YEWORUWUHA  
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: P (X) Change ( ) Addition  
Name: GEBREHIWOT, ZEKARIAS ABBA  
Address: 646 PARKER ST.  
City-St-Zip: JACKSONVILLE, FL 32202

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: ZEWDENEH KASSA

VP

08/13/2009

Electronic Signature of Signing Officer or Director

Date