

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002547

FILED  
Apr 09, 2010  
Secretary of State

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

**Current Principal Place of Business:**

646 PARKER ST  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

646 PARKER ST.  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**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  
646 PARKER ST.  
JACKSONVILLE, FL 32202 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  
**Name:** GEBREHIWOT, ZEKARIAS ABBA  
**Address:** 646 PARKER ST.  
**City-St-Zip:** JACKSONVILLE, FL 32202

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

**Title:** T  
**Name:** DABI, TILAHUN  
**Address:** 324 NAUGATUCK DR.  
**City-St-Zip:** JACKSONVILLE, FL 32225

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

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

**Title:** S  
**Name:** ADMASU, ATAKELTE  
**Address:** 7853 SUMMER STAR CT.  
**City-St-Zip:** JACKSONVILLE, FL 32221

I hereby 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 all other like empowered.

**SIGNATURE:** ATAKELTE ADMASU

S

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date