

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003800

**Entity Name:** AZEZO DIMAZA SCHOOLS ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

3286 FALCON POINT DR  
KISSIMMEE, FL 34741

**Current Mailing Address:**

3286 FALCON POINT DR  
KISSIMMEE, FL 34741 US

**FEI Number: 01-0812322**

**Certificate of Status Desired: No**

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

BRUMER, BARRY NESQ.  
5728 MAJOR BOULEVARD  
SUITE 545  
ORLANDO, FL 32819 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name BELAY, ZENEBE  
Address 3286 FALCON POINT DRIVE  
City-State-Zip: KISSIMMEE FL 34741

Title SD  
Name MULUGETA, DAWIT  
Address 216 PW REED ROAD  
City-State-Zip: ATOKA TN 38004

Title OD  
Name TEKELEBERHAN, GEBRU  
Address 1406 GEBRIEL PL  
City-State-Zip: BRANDON FL 33511

Title PD  
Name AHMED, DEJENE  
Address 111 MORGAN STREET  
City-State-Zip: RANDOLPH MA 02368

Title VPD  
Name AZENE, ABRHAM  
Address 4210 WITHERSPOON AVE.  
City-State-Zip: PENNSAUKEN NJ 08109

Title AUD  
Name TEFERA, SENAIT  
Address 118 HEATHER DRIVE  
City-State-Zip: MT. LAUREL NJ 08054

*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: ZENEBE BELAY**

**TD**

**03/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date