

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002547

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

**FILED**  
**Apr 06, 2019**  
**Secretary of State**  
**0919049594CC**

**Current Principal Place of Business:**

646 PARKER ST  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

646 PARKER ST.  
JACKSONVILLE, FL 32202

**FEI Number: 20-5593902**

**Certificate of Status Desired: No**

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

KASSA, ZEWDNEH  
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:** ZEWDNEH KASSA

04/06/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WELDEGEBREAL, BERHANU  
Address 6457 FT CAROLINE RD  
City-State-Zip: JACKSONVILLE FL 32217

Title VP  
Name KASSA , ZEWDNEH  
Address 443 MARTIN LAKE DR S  
City-State-Zip: JACKSONVILLE FL 32220

Title ASST. TREASURER  
Name DABI, TILAHUN  
Address 324 NAUGATUCK DR.  
City-State-Zip: JACKSONVILLE FL 32225

Title SECRETARY  
Name DEMOZ, ALAZAR  
Address 9056 SHINDLER CROSSING DR.  
City-State-Zip: JACKSONVILLE FL 32222

Title PR  
Name DESTA, YEWORKWUHA  
Address 7509 FAWNLAKE DR S  
City-State-Zip: JACKSONVILLE FL 32256

Title INVENTORY / PROPERTY  
Name ADMASU, ATAKELTE  
Address 7853 SUMMER STAR CT.  
City-State-Zip: JACKSONVILLE FL 32221

Title AUDITOR  
Name SYOUM, SOLOMON TEFAY  
Address 5429 SUOTEL DR.  
City-State-Zip: JACKSONVILLE FL 32209

Title TREASURER  
Name TADESSE, GIDEY  
Address 9019 DEVON PINESDR  
City-State-Zip: JACKSONVILLE FL 32211

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*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:** KASSA ZEWDNEH

VP

04/06/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title MEMBER  
Name GELAYE, MELKAMU  
Address 2463 COACHMAN LAKES DR  
City-State-Zip: JACKSONVILLE FL 32246

Title MEMBER  
Name BERHE, EFREM  
Address 646 PARKER ST  
City-State-Zip: JACKSONVILLE FL 32202

Title MEMBER  
Name BELAY, ADANECH  
Address 2530 SAM RD.  
City-State-Zip: JACKSONVILLE FL 32216

Title DEACON / MEMBER  
Name MEKONEN, YIDNEK  
Address 1391 KENDALL DR  
City-State-Zip: JACKSONVILLE FL 32211