Current Mailing Address:	
646 PARKER ST. JACKSONVILLE, FL 32202	
FEI Number: 20-5593902	Certificate of Sta
Name and Address of Current Registered Agent:	
GEBREHIWOT, ABBA ZEKARIAS 646 PARKER ST. JACKSONVILLE, FL 32202 US	

## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0500002547

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

**Current Principal Place of Business:** 

646 PARKER ST JACKSONVILLE, FL 32202 FILED Mar 17, 2017 Secretary of State CC3450772423

Certificate of Status Desired: No

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

## Officer/Director Detail :

Officer/Director Detail :					
Title	Р	Title	VP		
Name	GEBREHIWOT, ZEKARIAS ABBA	Name	SEIFU, MATIYAS M		
Address	646 PARKER ST.	Address	6457 FORT CAROLINE RD.		
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32277		
Title	т	Title	PR		
Name	DABI, TILAHUN	Name	DEMOZ, ALAZAR		
Address	324 NAUGATUCK DR.	Address	9056 SHINDLER CROSSING DR.		
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32210		
Title	D	Title	S		
Title Name	D DESTA, YEWORKWUHA	Title Name	S ADMASU, ATAKELTE		
	-		-		
Name	DESTA, YEWORKWUHA 7509 FAWNLAKE DR S	Name	ADMASU, ATAKELTE 7853 SUMMER STAR CT.		
Name Address	DESTA, YEWORKWUHA 7509 FAWNLAKE DR S	Name Address	ADMASU, ATAKELTE 7853 SUMMER STAR CT.		
Name Address City-State-Zip:	DESTA, YEWORKWUHA 7509 FAWNLAKE DR S JACKSONVILLE FL 32256	Name Address City-State-Zip:	ADMASU, ATAKELTE 7853 SUMMER STAR CT. JACKSONVILLE FL 32221		
Name Address City-State-Zip: Title	DESTA, YEWORKWUHA 7509 FAWNLAKE DR S JACKSONVILLE FL 32256 ASST. SECRETARY	Name Address City-State-Zip: Title	ADMASU, ATAKELTE 7853 SUMMER STAR CT. JACKSONVILLE FL 32221 DIRECTOR		
Name Address City-State-Zip: Title Name	DESTA, YEWORKWUHA 7509 FAWNLAKE DR S JACKSONVILLE FL 32256 ASST. SECRETARY SYOUM, SOLOMON TESFAY 5429 SUOTEL DR.	Name Address City-State-Zip: Title Name	ADMASU, ATAKELTE 7853 SUMMER STAR CT. JACKSONVILLE FL 32221 DIRECTOR WERETA, HADUSH BERHE 646 PARKER ST		

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.

PRESIDENT

03/17/2017

Date

Electronic Signature of Signing Officer/Director Detail