

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002547

Entity Name: DEBRE BRHAN HOLY TRINITY OF ETHIOPIAN ORTHODOX
TEWAHEDO CHURCH INC.**FILED**
Jul 25, 2018
Secretary of State
CC9282320911**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**07/25/2018**

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

Continues on page 2

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: ALAZAR DEMOZ**SECRETARY****07/25/2018**

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