

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002547

Entity Name: DEBRE BRHAN HOLY TRINITY OF ETHIOPIAN ORTHODOX
TEWAHEDO CHURCH INC.**FILED**
Feb 10, 2014
Secretary of State
CC0735394908**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:**GEBREHIWOT, ABBA ZEKARIAS
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	GEBREHIWOT, ZEKARIAS ABBA
Address	646 PARKER ST.
City-State-Zip:	JACKSONVILLE FL 32202

Title	VP
Name	SEIFU, MATIYAS M
Address	6457 FORT CAROLINE RD.
City-State-Zip:	JACKSONVILLE FL 32277

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

Title	PR
Name	DEMOZ, ALAZAR
Address	9056 SHINDLER CROSSING DR.
City-State-Zip:	JACKSONVILLE FL 32210

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

Title	S
Name	ADMASU, ATAKELTE
Address	7853 SUMMER STAR CT.
City-State-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**SECRETARY****02/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date