

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002547

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

FILED
Apr 19, 2016
Secretary of State
CC7842948411

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

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

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

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date