

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90106 048 ****70.00

DOCUMENT # N00000000041 1. Entity Name ERITRO-AMERICAN SOCIETY OF TAMPA BAY, INC.					
Principal Place of Business 1562 15TH STREET SOUTH ST. PETERSBURG FL 33705			Mailing Address 1562 15TH STREET SOUTH ST. PETERSBURG FL 33705		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DESTA, TECLEAB T 1562 15TH STREET SOUTH ST. PETERSBURG FL 33705			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PS DESTA, TECLEAB T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESTA, TECLEAB T		NAME		
STREET ADDRESS	1562 15TH ST. S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33705		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENSIEW, NAIZGHI T		NAME		
STREET ADDRESS	3920 W STATE ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASGHODOM, MARCOS E		NAME		
STREET ADDRESS	4602 N. JAMAICA ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUHUTZ, GHEBRIHIWET		NAME		
STREET ADDRESS	202 N. HABANA		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRAR, GHEBRESLASIE		NAME		
STREET ADDRESS	3218 W. BEACH ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASGHEDOM, ESTIFANOS		NAME	D	
STREET ADDRESS	312 NORTH HABANA		STREET ADDRESS	KIDISTI GHEBREMEDHIN	
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP	3218 W. BEACH ST.	
			TAMPA, FL 33607		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Tecleab Desta</i>			5/1/2005 (727)823-0252		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		