2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N00000008511

Entity Name: CENTRAL FLORIDA ETHIOPIAN COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1930 WHITE HERON BAY CR.
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 770368-0368
ORLANDO, FL 32877

New Mailing Address:

1930 WHITE HERON BAY CR.
ORLANDO, FL 32824

FEI Number: 59-3690427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRUMER, BARRY N
5728 MAJOR BLVD.
SUITE 311
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KETEMA, NEGUEST
Address: 4983 SAWDUST CIRCLE
City-St-Zip: ORLANDO, FL 34761

Title: D ( ) Delete
Name: MEDENI, FERIDA
Address: 1930 WHITE HERON BAY CR
City-St-Zip: ORLANDO, FL 32824

Title: D ( ) Delete
Name: TADESSE, MISRACH
Address: 2102 MORRILTON COURT
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete
Name: DESTA, TIRU
Address: 4054 SEABRIDGE DR.
City-St-Zip: ORLANDO, FL 32839

Title: D ( ) Delete
Name: ARAGAW, AGERE
Address: 2009 IPSDEN DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete
Name: YIBKAW, FEREWOIN
Address: 6254 LIGHTNER DRIVE
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GUDETA, TSEGANESH
Address: 11249 ISLE OF WATERBRIDGE # 202
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FERIDA MEDENI D 04/17/2009
Electronic Signature of Signing Officer or Director — Date