2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2009
Secretary of State

DOCUMENT# N01000001728

Entity Name: ERITREAN-AMERICAN SOCIETY OF JACKSONVILLE, INC.

Current Principal Place of Business:

1780 CHANDELIER CIRCLE WEST
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

1780 CHANDELIER CIRCLE WEST
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3714215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TESFAZION, ANDEMICHAEL T
1780 CHANDELIER CIRCLE WEST
JACKSONVILLE, FL 32225 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: VPD ( ) Delete
Name: WELDEGHORGIS, HAILE
Address: 2415 SHELBY GREEK RD
City-St-Zip: JACKSONVILLE, FL 32221

Title: SD ( ) Delete
Name: MENGISTU, ALGANESH T
Address: 1780 CHANDELIER CIR W
City-St-Zip: JACKSONVILLE, FL 32225

Title: BMD ( ) Delete
Name: GHEREZGIHER, GHEBREBRHAN
Address: 4909 BEIGE ST
City-St-Zip: JACKSONVILLE, FL 32258

Title: BMD ( ) Delete
Name: MILLER, LOUIS L
Address: 9532 SOUTH BROOK DR
City-St-Zip: JACKSONVILLE, FL 32256

Title: BMD ( ) Delete
Name: WELDEGHORGIS, TESFAMARIAM
Address: 7339 SPRING BRANCH DR S
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANDEMICHAEL I. TESFAZION PRES 06/03/2009
Electronic Signature of Signing Officer or Director — Date