

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90097 010 *****75.00

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1. Entity Name

ERITREAN-AMERICAN SOCIETY OF JACKSONVILLE, INC.



Principal Place of Business

**1780 CHANDELIER CIRCLE WEST
JACKSONVILLE FL 32225**

Mailing Address

**1780 CHANDELIER CIRCLE WEST
JACKSONVILLE FL 32225**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3714215**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TESFAZION, ANDEMICHAE L
1780 CHANDELIER CIRCLE WEST
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent:

Name

ANDEMICHAE L TESFAZION P/T

Street Address (P.O. Box Number is Not Acceptable)

**1780 chandelier circle west
Jacksonville FL 32225**

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

ANDEMICHAE L TESFAZION P/T
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **3/31/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPD**
NAME **WELDEGHORGIS, HAILZ H A I L E** ☐ Delete
STREET ADDRESS **2415 SHELBY GREEK RD**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE **SD**
NAME **GEBRAMARIAM, GHIDEI** ☒ Delete
STREET ADDRESS **9532 SOUTH BROOK DR**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **BMD**
NAME **GHEREZGIHER, GHEBREBRHAN** ☐ Delete
STREET ADDRESS **4909 BEIGE ST**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **BMD**
NAME **MILLER, LOUIS L** ☐ Delete
STREET ADDRESS **9532 SOUTH BROOK DR**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **BMD**
NAME **WELDEGHORGIS, TESFAMARIAM** ☐ Delete
STREET ADDRESS **7339 SPRING BRANCH DR S**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☐ Addition
NAME **SENAIT MAKEEL**
STREET ADDRESS **621. PONTIE VEDRA LKAS 1807**
CITY-ST-ZIP **PONTIE VEDRA FL 32082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

ANDEMICHAE L TESFAZION P/T

CR2E037 (10/02)