

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002175

FILED
Mar 12, 2009
Secretary of State

Entity Name: ETHIOPIAN EVANGELICAL CHURCH INC.

Current Principal Place of Business:

5101 N ROME AVE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

5101 N ROME AVE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 80-0175002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLDEMEDHIN, MELAKU
4310 SHADBERRY DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

MENEBO, HENOCK
14410 HELLENIC DRIVE
104
TAMPA, FL 33613 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: HENOCK MENEBO

03/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MENEBO, HENOCK
Address: 5101 N ROME AVE
City-St-Zip: TAMPA, FL 33603

Title: S () Delete
Name: WOLDEMEDHIN, MELAKU
Address: 5101 N ROME AVE
City-St-Zip: TAMPA, FL 33603

Title: T () Delete
Name: WARI, ALEMAYEHU
Address: 5101 N ROME AVE
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: WOLDGIRMA, SOLOMON
Address: 5101 N ROME AVE
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: MENEBO, HENOCK
Address: 14410 HELLENIC DRIVE UNIT 104
City-St-Zip: TAMPA, FL 33613

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: HENOCK MENEBO

PR.

03/12/2009

Electronic Signature of Signing Officer or Director

Date