


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N49537 (6)**  
1. Corporation Name  
**THE ETHIOPIAN ORTHODOX TEWAHEDO CHURCH OF ST. MARY OF ADDIS ALEM, INC.**



Principal Place of Business <b>P.O. BOX 2884 TAMPA FL 33601</b>	Mailing Address <b>P.O. BOX 2884 TAMPA FL 33601-2884</b>
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3. Date Incorporated or Qualified <b>06/24/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-3132666</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BEKELE, BERHANU**  
**3012 W. DELEON**  
**APT. 12**  
**TAMPA FL 33609**

*BERHANU BEKELE*  
*7505 MEADOW DR.*  
*TAMPA, FL 33634*

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BEKELE, BERHANU</b>	
STREET ADDRESS	<b>3012 W. DELEON, APT. 12</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GABREMARIAM, KONJIT</b>	
STREET ADDRESS	<b>4209 W. PLANT STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NEGUSEI, BROOK</b>	
STREET ADDRESS	<b>8922 N. DEXTER</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Bekele, Berhanu</b>	
1.3 STREET ADDRESS	<b>7505 Meadow Dr.</b>	
1.4 CITY-ST-ZIP	<b>Tampa, FL 33634</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Hailu, Eyayu</b>	
2.3 STREET ADDRESS	<b>306 S. Audubon #F</b>	
2.4 CITY-ST-ZIP	<b>Tampa, FL 33609</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Asfaw, Getachew</b>	
3.3 STREET ADDRESS	<b>3416 Windsor Ct. #130</b>	
3.4 CITY-ST-ZIP	<b>Tampa, FL 33614</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Gebre Giorgis, Sergio-Michael</b>	
4.3 STREET ADDRESS	<b>6932 Cavacade Dr. #D</b>	
4.4 CITY-ST-ZIP	<b>Tampa, FL 33614</b>	
5.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Kassa, Tadesse</b>	
5.3 STREET ADDRESS	<b>1317 Waikik Way</b>	
5.4 CITY-ST-ZIP	<b>Tampa, FL 33619</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **2-12-97** **005714**

CR2E037 (9/96)