


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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3. Date Incorporated or Qualified <b>06/24/1992</b>	Applied For <input type="checkbox"/>
4. FEI Number <b>59-3132666</b>	Not Applicable <input type="checkbox"/>
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent  
**BEKELE, BERHANU  
7505 MEADOW DRIVE  
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  
**FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>BEKELE, BERHANU</b>	
STREET ADDRESS	<b>7505 MEADOW DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>HAILU, EYAYU</b>	
STREET ADDRESS	<b>306 S AUDEBEN, #F</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>ASFAW, GETACHEW</b>	
STREET ADDRESS	<b>3418 WINDSOR CT, #130</b>	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>QEBRE GIORGIS, SERGO-MICHAEL</b>	
STREET ADDRESS	<b>6932 CAVACADE DR, #D</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/>
NAME	<b>KASSA, TADESSE</b>	
STREET ADDRESS	<b>1317 WAIKIK WAY</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>T</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Aderagew, Mulugeta</b>		
1.3 STREET ADDRESS	<b>2805 West Horatio Street, Apt. #29</b>		
1.4 CITY-ST-ZIP	<b>Tampa, FL 33609</b>		
2.1 TITLE	<b>T</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Trsegaye, Moges</b>		
2.3 STREET ADDRESS	<b>P.O. Box 152998 N.A.</b>		
2.4 CITY-ST-ZIP	<b>Tampa, FL 33684</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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: **4/27/98** 885-2714 813-885-2714

CR2E037 (10/97)