


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90192 013 ****61.25

DOCUMENT # N49537	
1. Entity Name THE ETHIOPIAN ORTHODOX TEWAHEDO CHURCH OF ST. MARY OF ADDIS ALEM, INC.	

Principal Place of Business P.O. BOX 2884 TAMPA FL 33601	Mailing Address P.O. BOX 2884 TAMPA FL 33601
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-3132666	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BEKELE, BERHANU 7505 MEADOW DRIVE TAMPA FL 33634	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEKELE, BERHANU 7505 MEADOW DRIVE TAMPA FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A MEKONEN TEMESGEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6614 COLONIAL LAKE Drive - Auditor Riverview FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIAM, FASSIL G <input type="checkbox"/> Delete 4209 W. PLATT ST TAMPA FL 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOK NEGUSEI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 18412 Turning Point Drive Director Lutz FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALEMU, KIDIST <input type="checkbox"/> Delete 6607 CAMPDEN BAY DR. #101 TAMPA FL 33635	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARIAM, KONJIT G <input type="checkbox"/> Delete 6614 COLONIAL LAKE DR RIVERVIEW FL 33569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A GIZAW, SEBLE <input type="checkbox"/> Delete 2280 THE OAKS BLVD KISSIMMEE FL 34746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.	
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SIGNATURE: *[Signature]* **BERHANU BEKELE**