

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90185 041 ****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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3132666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEKELE, BERHANU
7505 MEADOW DRIVE
TAMPA FL 33634

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D ☐ Delete
NAME: BEKELE, BERHANU
STREET ADDRESS: 7505 MEADOW DRIVE
CITY- ST- ZIP: TAMPA FL 33634

TITLE: S. BROOK NEGUSEI ☐ Change ☒ Addition
NAME: S. BROOK NEGUSEI
STREET ADDRESS: 18412 TURNING POINT DR.
CITY- ST- ZIP: LUTZ FL 33549

TITLE: D ☐ Delete
NAME: MARIAM, FASSIL G
STREET ADDRESS: 4209 W. PLATT ST
CITY- ST- ZIP: TAMPA FL 33609

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

TITLE: S ☒ Delete
NAME: ALEMU, KIDIST
STREET ADDRESS: 6607 CAMPDEN BAY DR. #101
CITY- ST- ZIP: TAMPA FL 33635

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

TITLE: T ☐ Delete
NAME: MARIAM, KONJIT G
STREET ADDRESS: 6614 COLONIAL LAKE DR
CITY- ST- ZIP: RIVERVIEW FL 33569

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

TITLE: A ☐ Delete
NAME: GIZAW, SEBLE
STREET ADDRESS: 2280 THE OAKS BLVD
CITY- ST- ZIP: KISSIMMEE FL 34746

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

TITLE: A ☐ Delete
NAME: TEMESGEN, MEKDNEN
STREET ADDRESS: 6614 COLONIAL LAKE DRIVE
CITY- ST- ZIP: RIVERVIEW FL 33569

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

SIGNATURE: BERHANU BEKELE - BERHANU BEKELE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/07
Date

Daytime Phone #