


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90072 044 ****61.25

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1. Entity Name
THE ERITREAN COMMUNITY OF CENTRAL FLORIDA, INC.



Principal Place of Business
7857 ELMSTONE CIRCLE
ORLANDO, FL 32822 US

Mailing Address
7857 ELMSTONE CIRCLE
ORLANDO, FL 32822 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



03142005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3374019

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GHEBREHIWET, FANIEL
7857 ELMSTONE CIRCLE
ORLANDO, FL 32822

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

Filing Fee is \$61.25
Due by May 1, 2005

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GHEBREHIWET, FANIEL	
STREET ADDRESS	521 ELVEDADO AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLDEGABER, SANSON	
STREET ADDRESS	1445 MON THEATH CIR.	
CITY-ST-ZIP	OCOOE, FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAGOS, DEHAB	
STREET ADDRESS	12114 ROMERO STREET	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Faniel G. Hiwet* **FANIEL GHEBREHIWET** **3/18/05** **407-435-1777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #