

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005067

FILED
Mar 11, 2007
Secretary of State

Entity Name: ETHIOPIAN COMMUNITY ASSOCIATION OF TAMPA BAY, INC.

Current Principal Place of Business:

P.O. BOX 4136
TAMPA, FL 33677

New Principal Place of Business:

19612 AMAZON BASIN BEND
LUTZ, FL 33559

Current Mailing Address:

P.O. BOX 4136
TAMPA, FL 33677

New Mailing Address:

FEI Number: 49-4041088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AWEKE, MULU B.
19612 AMAZON BASIN BEND
LUTZ, FL 33559 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AWEKE, MULU B
Address: 19612 AMAZON BASIN BEND
City-St-Zip: LUTZ, FL 33559

Title: VP () Delete
Name: MENGESHA, EYAYU H
Address: 1208 BRUSTER WOOD ST
City-St-Zip: BRANDON, FL 33510

Title: S () Delete
Name: DESTA, MEKONNEN A
Address: 8308 KIRKWOOD DR
City-St-Zip: TAMPA, FL 33634

Title: T () Delete
Name: SHIMOLA, GEBRU
Address: 1407 EASTLAND LANE
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: CHERKOSIE, SOLOMON
Address: 6719 NORTH NEBRASKA AVE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: KEFEYALEW, SITOTAW
Address: 6914 NORTH DONALD ST
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DESTA, MEKONNEN

S

03/11/2007

Electronic Signature of Signing Officer or Director

Date