

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005067

FILED  
Apr 12, 2012  
Secretary of State

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

**Current Principal Place of Business:**

19612 AMAZON BASIN BEND  
LUTZ, FL 33559

**New Principal Place of Business:**

**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  
Name: AWEKE, MULU B  
Address: 19612 AMAZON BASIN BEND  
City-St-Zip: LUTZ, FL 33559

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

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

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

Title: D  
Name: YEHEYIS, BERHAN  
Address: 8502 CASSIA TREE CT. # 201B  
City-St-Zip: TAMPA, FL 33614

Title: D  
Name: TADESSE, TSEGA  
Address: 2450 E. HILLSBOROUGH AVE.  
City-St-Zip: TAMPA, FL 33610

I hereby 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 all other like empowered.

SIGNATURE: MEKONNEN DESTA

SECR

04/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date