

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90231 021 ****70.00



DOCUMENT # N99000003810
 1. Entity Name
ERITREAN COMMUNITY IN GREATER ORLANDO INCORPORATED

Principal Place of Business
 P.O. BOX 3381
 ORLANDO, FL 32802

Mailing Address
 P.O. BOX 3381
 ORLANDO, FL 32802



2. Principal Place of Business
 P.O. Box 580734
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 580734
 Suite, Apt. #, etc.

03172004 Chg-NP CR2E037 (10/03)

City & State
ORLANDO, FL.

City & State
ORLANDO, FL.

Zip
32858

Country
USA

Zip
32858

Country
USA

4. FEI Number
59-3607525

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GEBREAMLAK, NIGISTI
957 SATIN LEAF CIR
OCOOE, FL 34761

7. Name and Address of New Registered Agent
 Name **ESTIFANOS BERHANE**
 Street Address (P.O. Box Number is Not Acceptable)
428 REGAL CIR.
 City **WINTERGARDEN FL** Zip Code **34787**

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 **3/20/04**

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, 2004

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEBREAMLAK, NIGISTI 4872 CYPRESS WOODS DR APT. 321 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TESFALDET, YORDANOS 8616 CHICORY CT ORLANDO, FL 32825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TSEGAY, EYOBEL 8051 WELLSMERE CIRCLE ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCCA HAILE, NIGISTI P.O. BOX 3381 ORLANDO, FL 32802	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCYE ESTIFANOS, MUSSIE P.O. BOX 3381 ORLANDO, FL 32802	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSA MICHAEL, ASGEDE 7120 IRON WOOD DRIVE ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTIFANOS BERHANE 428 REGAL DOWNS CIR. WINTERGARDEN FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EYOB SEQUAR 8616 CHICORY CT. ORLANDO FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NAIZGHI H. MICHAEL 1016 ROYAL MARQUAS CIR. ORLANDO FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCCA ABEBE TEKA 957 SATIN LEAF CIR. OCOOE, FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCYE MATEOS STEFANOS 318 DEMPSEY WAY. ORLANDO FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: DATE **3/20/04** DAYTIME PHONE # **(407) 877-8067**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR