

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90337 043 \*\*\*\*61.25

0013505

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**



CHECK HERE IF MAKING CHANGES

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

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

City & State

4. FEI Number **59-3607525**  
Applied For  
 Not Applicable

Zip Country Zip Country

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**

**GEBREAMLAK, NIGISTI  
957 SATIN LEAF CIR  
OCOEE FL 34761**

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 reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: **REQUIRED**

**4/28/03 407-370-9619**

CR2E037 (10/02)