

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000001531

Entity Name: REHABILITATE CHILDREN & YOUTH ETHIOPIA INC.**Current Principal Place of Business:**6980 LAFAYETTE PARK DR.
JACKSONVILLE, FL 32244**Current Mailing Address:**6980 LAFAYETTE PARK DR.
JACKSONVILLE, FL 32244 US**FEI Number:** 83-4626458**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALAMBO, ALTAYE ALARO
6980 LAFAYETTE PARK DR.
JACKSONVILLE, FL 32244 US*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:** ALTAYE ALARO ALAMBO

08/13/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICER
Name ALAMBO, ALTAYE ALARO
Address 6980 LAFAYETTE PARK DR.
City-State-Zip: JACKSONVILLE FL 32244

Title OFFICER
Name FRANK, TRACY D
Address 3733 GURLEY ROAD
City-State-Zip: JACKSONVILLE FL 32277

Title OFFICER
Name RAREY, NATHAN
Address 1351 RUNNING BROOK COURT
City-State-Zip: JACKSONVILLE FL 32225

Title OFFICER
Name HUDNALL, MICHAEL
Address 16281 BAKER LANE NORTH
City-State-Zip: JACKSONVILLE FL 32226

Title OFFICER
Name HUAN, CHRISTOPHER
Address 2121 BURWICK AVE
APT 2605
City-State-Zip: ORANGE PARK FL 32073

Title OFFICER
Name MORT, ANGELA M
Address 10135 GATE PKWY N
#1009
City-State-Zip: JACKSONVILLE FL 32246

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: ALTAYE ALAMBO**OFFICER/CEO**

08/13/2022

Electronic Signature of Signing Officer/Director Detail

Date