

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000000841**  
 1. Entity Name  
**TABERNACULO DE RESTAURACION BETEL, INC.**



Principal Place of Business  
**1416 MANOTAK AVENUE  
 JACKSONVILLE, FL 32210**

Mailing Address  
**1416 MANOTAK AVENUE  
 JACKSONVILLE, FL 32210**

**DO NOT WRITE IN THIS SPACE**



02142005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**05-0553649** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RUSHING, ROBERT K  
 1515 RIVERSIDE AVENUE  
 SUITE A  
 JACKSONVILLE, FL 32204**

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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 \_\_\_\_\_  
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, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COXWELL, MAGDA M 1416 MANOTAK AVENUE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, MYRIAM D 1416 MANOTAK AVENUE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASCANTE, GUSTAVO 5328 JULINGTON FR. DR. S. JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASCANTE, MARIA E 5328 JULINGTON FR. DR. S. JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100001237403  
 02/21/05-80061-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mary Magda Coxwell* **2-17-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #