


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90053 043 \*\*\*\*70.00

<b>DOCUMENT # N03000000841</b>	
1. Entity Name <b>TABERNACULO DE RESTAURACION BETEL, INC.</b>	

Principal Place of Business <b>1416 MANOTAK AVENUE JACKSONVILLE, FL 32210</b>	Mailing Address <b>1416 MANOTAK AVENUE JACKSONVILLE, FL 32210</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02082007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>05-0553649</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RUSHING, ROBERT K 1515 RIVERSIDE AVENUE SUITE A JACKSONVILLE, FL 32204</b>		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 _____	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COXWELL, MAGDA M			NAME	ILEANA RETANA		
STREET ADDRESS	1416 MANOTAK AVENUE			STREET ADDRESS	520 GRAND LAKES DR. NORTH		
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP	JACKSONVILLE, FL 32258		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RIVERA, MYRIAM D			NAME	VIVIAN BARBOUR		
STREET ADDRESS	1416 MANOTAK AVENUE			STREET ADDRESS	6905 PLAYPARK TRIAL W.		
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP	JACKSONVILLE, FL 32244		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASCANTE, GUSTAVO			NAME			
STREET ADDRESS	5328 JULINGTON FR. DR. S.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32258			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASCANTE, MARIA E			NAME			
STREET ADDRESS	5328 JULINGTON FR. DR. S.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32258			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____	2-8-07 (904) 786-3294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #