2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N03000000841

Entity Name: TABERNACULO DE RESTAURACION BETEL, INC.

Current Principal Place of Business:

1416 MANOTAK AVENUE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

1416 MANOTAK AVENUE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 05-0553649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RUSHING, ROBERT K
1515 RIVERSIDE AVENUE
SUITE A
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COXWELL, MAGDA M
Address: 1416 MANOTAK AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: RIVERA, MYRIAM D
Address: 1416 MANOTAK AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: RETANA, ILEANA
Address: 520 GRAND LAKES DR NORTH
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete
Name: BARBOUR, VIVIAN
Address: 6905 PLAYPARK TRAIL W
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY COXWELL D 02/12/2009
Electronic Signature of Signing Officer or Director — Date