## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N28687

FILED Apr 03, 2009 Secretary of State

Entity Name: TEMPLO HISPANO BET-EL, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
6001 S. MA TAMPA, FL	NN AVENUE . 33611 L	S					
Current Mailing Address:				New Mailing Address:			
6001 S. MA TAMPA, FL	IN AVENUE . 33611 L	IS					
FEI Number:	59-2870661	FEI Number Applied For()	FEI Num	ber Not Appl	icable ( )	Certificate of Status Des	ired (X)
Name and	Address of	Current Registered Agent:		Name and	Address of	New Registered Agent	t:
	), THOMAS N NN AVENUE . 33611 L	M IS					
The above in the State		submits this statement for th	e purpose of	changing i	ts registered	office or registered ager	nt, or both,
SIGNATUR							
	Electro	nic Signature of Registered A	\gent			Date	
OFFICERS	AND DIREC	CTORS:		ADDITION	S/CHANGES	S TO OFFICERS AND I	DIRECTORS:
Title: Name: Address: City-St-Zip:	D ( MONTERO, TI 6003 S. MAIN TAMPA, FL 3	AVENUE		Title: Name: Address: City-St-Zip:	PTR (AMONTERO, TI 6003 S. MAIN TAMPA, FL 3	AVENUE	
Title: Name: Address: City-St-Zip:	D ( MONTERO, C 6003 S. MAIN TAMPA, FL 3	AVENUE		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( CABRERA, JO 3904 N. ARLII TAMPA, FL 3	NGTON AVE		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( MONTERO, TO 4429 W. PINT TAMPA, FL 3	OR PL.		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( COLINDRES, 508 N. GOME TAMPA, FL 3	Z		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	

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: THOMAS M. MONTERO PTR 04/03/2009