


**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 TABERNACULO DE RESTAURACION BETEL, INC.					
Principal Place of Business 1416 MANOTAK AVENUE JACKSONVILLE, FL 32210		Mailing Address 1416 MANOTAK AVENUE JACKSONVILLE, FL 32210			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 05-0553649	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUSHING, ROBERT K 1515 RIVERSIDE AVENUE SUITE A JACKSONVILLE, FL 32204				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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>	
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 information.					
SIGNATURE: _____		_____		2-8-07 (904) 786-3294	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	