

FILE NOW: FILING FEE IS \$61.25

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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F92000000109 (0)**  
1. Corporation Name  
**MINISTERIO EL CAMINO, INC.**



Principal Place of Business <b>143 HIBISCUS LANE KISSIMMEE FL 34743</b>	Mailing Address <b>MINISTERIO EL CAMINO, INC. P.O. BOX 450278 KISSIMMEE FL 34745-0278 US</b>
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3. Date Incorporated or Qualified <b>10/26/1992</b>	3a. Date of Last Report <b>01/26/1996</b>
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2. Principal Place of Business 21 <b>Florida</b>	2a. Mailing Address 26 <b>P.O. Box 450278</b>	4. FEI Number <b>51-0323933</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State	28 City & State <b>Kissimmee</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip <b>34743</b>	25 Country <b>US</b>	29 Zip <b>FL</b>	30 Country <b>Osceola</b>

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent  
**OVERSTREET-GARCIA, REBECCA  
143 HIBISCUS LANE  
KISSIMMEE FL 34743**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OVERSTREET-GARCIA, REBECCA D</b>	1.2 NAME	
STREET ADDRESS	<b>143 HIBISCUS LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, CESAR D</b>	2.2 NAME	
STREET ADDRESS	<b>143 HIBISCUS LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MELLENDEZ, ZAIDA</b>	3.2 NAME	
STREET ADDRESS	<b>143 HIBISCUS LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rebecca Overstreet Garcia* **Rebecca Overstreet Garcia** 2/24/97 (407) 348-3844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070038

CR2E037 (9/96)