

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90098 027 \*\*\*\*61.25

**DOCUMENT # F92000000109**



1. Entity Name  
**MINISTERIO EL CAMINO, INC.**

Principal Place of Business  
**1205 WINDWAY CIRCLE  
KISSIMMEE FL 34744  
US**

Mailing Address  
**P. O. BOX 450278  
KISSIMMEE FL 34745  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **51-0323933**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OVERSTREET-GARCIA, REBECCA  
1205 WINDWAY CIRCLE  
KISSIMMEE FL 34744**

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 *Rebecca Overstreet - President*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3-11-03  
DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	OVERSTREET-GARCIA, REBECCA D	
STREET ADDRESS	1205 WINDWAY CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, CESAR D	
STREET ADDRESS	1205 WINDWAY CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MELLENDEZ, ZAIDA	
STREET ADDRESS	7336 HOLLOW RIDGE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: *Rebecca Overstreet* REBECCA OVERSTREET 3/11/03 348-3844 (419)

CP2E037 (10/02)