

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F92000000109

**FILED**  
**May 03, 2015**  
**Secretary of State**  
**CC3800439595**

**Entity Name:** MINISTERIO INTERNACIONAL EL CAMINO. INC.

**Current Principal Place of Business:**

1640 E. VINE STREET  
(US 192)  
KISSIMMEE, FL 34744

**Current Mailing Address:**

P.O. BOX 450278  
KISSIMMEE, FL 34745 US

**FEI Number: 51-0323933**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

VELAZQUEZ, JUAN  
1305 BLOSSOM BROOK COURT  
BRANDOM, FL 33511 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            OVERSTREET-GARCIA, REBECCA  
Address        1640 E. VINE ST. (US-192)  
City-State-Zip: KISSIMMEE FL 34744

Title            VP  
Name            GARCIA, CESAR  
Address        1640 E. VINE ST. (US-192)  
City-State-Zip: KISSIMMEE FL 34744

Title            T  
Name            SANCHEZ, SAULO  
Address        1640 E. VINE ST  
City-State-Zip: KISSIMMEE FL 34744

Title            EX/S  
Name            DAVILA, MYRIAM  
Address        1640 E. VINE ST  
City-State-Zip: KISSMMEE FL 34744

Title            S/T  
Name            YAMILLE, SANCHEZ  
Address        200 FIESTA DRIVE  
City-State-Zip: KISSIMMEE FL 34743

*I hereby 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 all other like empowered.*

**SIGNATURE: OVERSTREET-GARCIA , REBECCA**

**PRESIDENT**

**05/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date