

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>POST OFFICE BOX 450278 P.O. BOX 450278 KISSIMMEE FL 34745 US</b>
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2. Principal Place of Business <b>21 3286 Fairfield Drive</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P.O. Box 450278</b> Suite, Apt. #, etc.
City & State <b>23 Kissimmee, FL</b>	City & State <b>28 Kissimmee, Florida</b>
Zip <b>24 34743</b>	Zip <b>29 34745</b>
Country <b>25</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>10/26/1992</b>
4. FEI Number <b>51-0323933</b>
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>OVERSTREET-GARCIA, REBECCA 143 HIBISCUS LANE KISSIMMEE FL 34743</b>
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10. Name and Address of New Registered Agent <b>81 Name Overstreet-Garcia, Rebecca 82 Street Address (P.O. Box Number is Not Acceptable) 3286 Fairfield Drive 83 Kissimme, FL 34743 84 City Kissimmee FL 85 Zip Code 34743</b>
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD OVERSTREET-GARCIA, REBECCA D</b>
STREET ADDRESS	<b>143 HIBISCUS LANE</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD GARCIA, CESAR D</b>
STREET ADDRESS	<b>143 HIBISCUS LANE</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD MELENDEZ, ZAIDA</b>
STREET ADDRESS	<b>143 HIBISCUS LANE</b>
CITY-ST-ZIP	<b>KISSIMMEE FL</b>
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3286 Fairfield Drive</b>
1.4 CITY-ST-ZIP	<b>Kissimmee, FL 34743</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3286 Fairfield Drive</b>
2.4 CITY-ST-ZIP	<b>Kissimmee, FL 34743</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>7336 Hollow Ridge Circle</b>
3.4 CITY-ST-ZIP	<b>Orlando, FL 32822</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 19, 1998*  
Date  
*(409) 826-2130*  
Daytime Phone #

CR2E037 (10/97)