

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0323933

Applied For

Not Applicable

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.

SIGNATURE

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

2-5-01

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME OVERSTREET-GARCIA, REBECCA D  
STREET ADDRESS 3286 FAIRFIELD DR  
CITY-ST-ZIP KISSIMMEE FL 34743 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1205 Windway Circle  
CITY-ST-ZIP Kissimmee, FL 34744

TITLE VD  
NAME GARCIA, CESAR D  
STREET ADDRESS 3286 FAIRFIELD DR  
CITY-ST-ZIP KISSIMMEE FL 34743 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1205 Windway Circle  
CITY-ST-ZIP Kissimmee, FL 34744

TITLE SD  
NAME MELENDEZ, ZAIDA  
STREET ADDRESS 7336 HOLLOW RIDGE CIRCLE  
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-01

(407) 348-3844

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE