

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000109 (0)

1. Corporation Name
MINISTERIO EL CAMINO, INC.



Principal Place of Business 143 HIBISCUS LANE KISSIMMEE FL 34743	Mailing Address POST OFFICE BOX 450278 P.O. BOX 450278 KISSIMMEE FL 34745 US	3. Date Incorporated or Qualified 10/26/1992
		4. FEI Number 51-0323933
		Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 3286 Fairfield Drive Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 450278 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22 City & State 23 Kissimmee, FL	27 City & State 28 Kissimmee, Florida	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 34743 Country	29 Zip 34745 Country	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 OVERSTREET-GARCIA, REBECCA 143 HIBISCUS LANE KISSIMMEE FL 34743		10. Name and Address of New Registered Agent	
		81 Name Overstreet-Garcia, Rebecca	
		82 Street Address (P.O. Box Number is Not Acceptable) 3286 Fairfield Drive	
		83 City Kissimme, FL 34743	
		84 City Kissimmee	85 Zip Code FL 34743

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 signatures required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD OVERSTREET-GARCIA, REBECCA D	1.2 NAME	
STREET ADDRESS	143 HIBISCUS LANE	1.3 STREET ADDRESS	3286 Fairfield Drive
CITY-ST-ZIP	KISSIMMEE FL 34743	1.4 CITY-ST-ZIP	Kissimmee, FL 34743
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD GARCIA, CESAR D	2.2 NAME	
STREET ADDRESS	143 HIBISCUS LANE	2.3 STREET ADDRESS	3286 Fairfield Drive
CITY-ST-ZIP	KISSIMMEE FL 34743	2.4 CITY-ST-ZIP	Kissimmee, FL 34743
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD MELENDEZ, ZAIDA	3.2 NAME	
STREET ADDRESS	143 HIBISCUS LANE	3.3 STREET ADDRESS	7336 Hollow Ridge Circle
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	Orlando, FL 32822
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 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* April 19, 1998 (409) 826-2130
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)