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Feb 13, 1999 8:00am
Secretary of State

02-13-1999 90002 011 *****61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000109

1. Corporation Name
MINISTERIO EL CAMINO, INC.

Principal Place of Business
3286 FAIRFIELD DR
KISSIMMEE FL 34743
US

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/26/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		51-0323933	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OVERSTREET-GARCIA, REBECCA 3286 FAIRFIELD DR KISSIMMEE FL 34743				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	OVERSTREET-GARCIA, REBECCA D			1.2 NAME			
STREET ADDRESS	3286 FAIRFIELD DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34743			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GARCIA, CESAR D			2.2 NAME			
STREET ADDRESS	3286 FAIRFIELD DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34743			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MELENDEZ, ZAIDA			3.2 NAME			
STREET ADDRESS	7336 HOLLOW RIDGE CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32822			3.4 CITY-ST-ZIP			
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 checked="" 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, with all other like empowered.

SIGNATURE: *Rebecca Overstreet-Garcia* Date: 2/2/99 Daytime Phone #: (407) 348-3844

CR2E037 (11/98)