

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90174 033 \*\*\*\*61.25

**DOCUMENT # F92000000109**

1. Entity Name

**MINISTERIO EL CAMINO, INC.**

Principal Place of Business

Mailing Address

**1205 WINDWAY CIRCLE  
 KISSIMMEE FL 34744  
 US**

**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**



DO NOT WRITE IN THIS SPACE

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 title if applicable.  
 Rebecca Overstreet

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>OVERSTREET-GARCIA, REBECCA D<br/>3286 FAIRFIELD DR<br/>KISSIMMEE FL 34743</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>GARCIA, CESAR D<br/>3286 FAIRFIELD DR<br/>KISSIMMEE FL 34743</b>              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>MELENDEZ, ZAIDA<br/>7336 HOLLOW RIDGE CIRCLE<br/>ORLANDO FL 32822</b>         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>1205 Windway Circle<br/>Kissimmee, FL 34744</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>1205 Windway Circle<br/>Kissimmee, FL 34744</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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* **Rebecca Overstreet** **2-5-01** **(407) 348-3844**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)