## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003132

Entity Name: AT HIS FEET MINISTRIES INC.

Current Principal Place of Business:

76 YORK ROAD

BROADSTONE. DORSET BH18 8EU

**Current Mailing Address:** 

135 LONGFLEET ROAD

POOLE. DORSET BH15 2HS GB

FEI Number: 20-2576850 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLINS, KRISTINA DIR 611 SOUTH SAINT CLOUD AVENUE VALRICO, FL 33594 US

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:

Electronic Signature of Registered Agent

Date

FILED Feb 23, 2016

**Secretary of State** 

CC1942247697

Officer/Director Detail:

Title PRES Title OFFR

NameGOMEZ, RALPHNameGOMEZ, CATHERINEAddress7570 NW 113 PATHAddress7570 NW 113 PATHCity-State-Zip:DORAL FL 33178City-State-Zip:DORAL FL 33178

Title DIRECTOR Title **TRES** Name LLOPIS, NINA Name ALBANESE, CAROL Address 15942 NW 83 CT. Address 6365 SW 30 ST MIAMI FL 33016 City-State-Zip: MIAMI FL 33155 City-State-Zip:

Title VICE Title SEC

NameMARRELLI, CARLNameMARRELLI, CAROLINAAddress11520 SW 126 STAddress11520 SW 126 STCity-State-Zip:LAKE WALES FL 33859City-State-Zip:MIAMI FL 33176

Title OFFICER Title OFFICER

NameCOLLINS, KRISTINA RNameCOLLINS, PAULAddress76 YORK ROADAddress76 YORK ROAD

City-State-Zip: BROADSTONE DORSET BH18 8EU City-State-Zip: BROADSTONE DORSET BH18 8EU

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KRISTINA COLLINS

DIR

02/23/2016