

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 16, 2006**  
**Secretary of State**

DOCUMENT# N05000003132

Entity Name: AT HIS FEET MINISTRIES INC.

**Current Principal Place of Business:**

407 E BEACON RD  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

407 E BEACON RD  
LAKELAND, FL 33803

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COLLINS, KRISTINA R  
407 E BEACON RD  
LAKELAND, FL 33803 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

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR. ( ) Delete  
Name: ESQUIVEL, RICK  
Address: 977 ASHTON OAKS CIR.  
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR. ( ) Delete  
Name: ESQUIVEL, MARY  
Address: 977 ASHTON OAKS CIR.  
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR. ( ) Delete  
Name: GORE, LEIGH  
Address: 2117 GROVECREST LP.  
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR. ( ) Delete  
Name: WILBURN, DON  
Address: 3817 ERIC CT.  
City-St-Zip: LAKELAND, FL 33813 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR ( ) Delete  
Name: WILBURN, CONNIE  
Address: 3817 ERIC CT.  
City-St-Zip: LAKELAND, FL 33813 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR ( ) Delete  
Name: COLLINS, PAUL IV  
Address: 407 E BEACON RD  
City-St-Zip: LAKELAND, FL 33803 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KRISTINA COLLINS

DIR

06/16/2006

Electronic Signature of Signing Officer or Director

Date