

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

_____ Electronic Signature of Signing Officer or Director

DIR.

02/09/2007

_____ Date