

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003132

Entity Name: AT HIS FEET MINISTRIES INC.

Current Principal Place of Business:

7570 NW 113 PATH
DORAL, FL 33178

FILED
Feb 02, 2013
Secretary of State
CC0510841831

Current Mailing Address:

P.O. BOX 2012
LAKELAND, FL 33806 US

FEI Number: 20-2576850

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLINS, KRISTINA DIR
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

Officer/Director Detail :

Title PRES
Name GOMEZ, RALPH
Address 7570 NW 113 PATH
City-State-Zip: DORAL FL 33178

Title OFFR
Name GOMEZ, CATHERINE
Address 7570 NW 113 PATH
City-State-Zip: DORAL FL 33178

Title TRES
Name ALBANESE, CAROL
Address 6365 SW 30 ST
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name LLOPIS, NINA
Address 15942 NW 83 CT.
City-State-Zip: MIAMI FL 33016

Title VICE
Name MARRELLI, CARL
Address 11520 SW 126 ST
City-State-Zip: LAKE WALES FL 33859

Title SEC
Name MARRELLI, CAROLINA
Address 11520 SW 126 ST
City-State-Zip: MIAMI FL 33176

Title OFFICER
Name COLLINS, KRISTINA R
Address P.O. BOX 2012
City-State-Zip: LAKELAND FL 33806

Title OFFICER
Name COLLINS, PAUL
Address P.O. BOX 2012
City-State-Zip: LAKELAND FL 33806

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

OFFICER

02/02/2013

Electronic Signature of Signing Officer/Director Detail

Date