

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**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 76 YORK ROAD
City-State-Zip: BROADSTONE DORSET BH18 8EU

Title OFFICER
Name COLLINS, PAUL
Address 76 YORK ROAD
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**_____
Electronic Signature of Signing Officer/Director Detail_____
Date