## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004565

Entity Name: AMAZING LOVE MINISTRIES INC

## **Current Principal Place of Business:**

3304 E. COLUMBUS DR. TAMPA, FL 33605

## **Current Mailing Address:**

15926 BRIDGEWATER LANE TAMPA, FL 33624

## FEI Number: 20-4782995

## Name and Address of Current Registered Agent:

LEGAL ZOOM NEVADA INC 44 W FLAGLER STREET SUITE 675 MIAMI, FL 33130 US Certificate of Status Desired: Yes

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

### Officer/Director Detail :

Title	DIRECTOR	Title	D
Name	KILLEEN, BARBARA	Name	RUDE, MARY
Address	15926 BRIDGEWATER LN	Address	4645 LANDSCAPE DR
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	TAMPA FL 33624
Title	D	Title	SEC
Name	ANDERSON, KAREN	Name	KILLEEN, VICTORIA
Address	15715 PONY PLACE	Address	4223 AUTUMN LEAVE
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	TAMPA FL 33624
Title	TRES	Title	DIRECTOR
Name	KOSZEGHY, JOHN	Name	DAVID TRAYNOR
Name Address	KOSZEGHY, JOHN 4401 HONEYBROOK CIR	Name Address	3908W SANTIAGO
Address City-State-Zip:	4401 HONEYBROOK CIR TAMPA FL 33624	Address City-State-Zip:	3908W SANTIAGO TAMPA FL 33629
Address	4401 HONEYBROOK CIR	Address City-State-Zip: Title	3908W SANTIAGO TAMPA FL 33629 DIRECTOR
Address City-State-Zip:	4401 HONEYBROOK CIR TAMPA FL 33624	Address City-State-Zip:	3908W SANTIAGO TAMPA FL 33629
Address City-State-Zip: Title	4401 HONEYBROOK CIR TAMPA FL 33624 DIRECTOR	Address City-State-Zip: Title	3908W SANTIAGO TAMPA FL 33629 DIRECTOR
Address City-State-Zip: Title Name	4401 HONEYBROOK CIR TAMPA FL 33624 DIRECTOR ADAMS, MICHAEL	Address City-State-Zip: Title Name	3908W SANTIAGO TAMPA FL 33629 DIRECTOR SCARPO, BARBARA

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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: BARBARA L. KILLEEN

DIRECTOR

04/17/2019

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 17, 2019 Secretary of State 6103826873CC

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	DRUM, WAYNE	Name	GEERS, BILL
Address	3303 N LAKEVIEW DR APT 3808	Address	3910 S NINE DR
City-State-Zip:	TAMPA FL 33618	City-State-Zip:	VALRICO FL 33596
Title	DIRECTOR	Title	DIRECTOR
Name	MINTON, JOHN	Name	FRITCH, JENNIFER
Address	4045 MOORES LAKE DR	Address	4201 WAYSIDE WILLOW CT
City-State-Zip:	DOVER FL 33557	City-State-Zip:	TAMPA FL 33616
Title	DIRECTOR	Title	PRESIDENT
Name	HEAD, DAVID	Name	MARABEL, MANNY
Address	4319 N 49TH ST	Address	22398 CHEROKEE ROSE PL
City-State-Zip:	TAMPA FL 33610	City-State-Zip:	LAND O LAKES+ FL 34639
Title	DIRECTOR		

NameDONAGHY, DONNAAddress11107 LAKE SASSA

City-State-Zip: THONOTOSASSA FL 33592