

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004565

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC0831267006**

**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

**Certificate of Status Desired:** Yes

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

LEGAL ZOOM NEVADA INC  
44 W FLAGLER STREET SUITE 675  
MIAMI, FL 33130 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            KILLEEN, BARBARA  
Address        15926 BRIDGEWATER LN  
City-State-Zip: TAMPA FL 33624

Title            D  
Name            RUDE, MARY  
Address        4645 LANDSCAPE DR  
City-State-Zip: TAMPA FL 33624

Title            D  
Name            ANDERSON, KAREN  
Address        15715 PONY PLACE  
City-State-Zip: TAMPA FL 33624

Title            SEC  
Name            KILLEEN, VICTORIA  
Address        4223 AUTUMN LEAVE  
City-State-Zip: TAMPA FL 33624

Title            TRES  
Name            KILLEEN, JIM  
Address        5926 BRIDGEWATER LN  
City-State-Zip: TAMPA FL 33624

*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:** JIM KILLEEN

**TREASURER**

**03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date