


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90073 031 ****70.00

DOCUMENT # N06000004565					
1. Entity Name AMAZING LOVE MINISTRIES INC					
Principal Place of Business 15926 BRIDGEWATER LANE TAMPA, FL 33624			Mailing Address 15926 BRIDGEWATER LANE TAMPA, FL 33624		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEGAL ZOOM NEVADA INC 44 W FLAGLER STREET SUITE 675 MIAMI, FL 33130				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRUM, WAYNE		NAME	BARBARA KILLEEN	
STREET ADDRESS	1621 SAND HOLLOW LN		STREET ADDRESS	15926 BRIDGEWATER LN	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUDE, MARY		NAME	DONNA DONAGHY	
STREET ADDRESS	4645 LANDSCAPE DR		STREET ADDRESS	11107 LAKE SASSA	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	THONOTOSASSA, FL 33592	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, KAREN		NAME	KALORIE FISH	
STREET ADDRESS	15715 PONY PLACE		STREET ADDRESS	5402 BRITWELL CT.	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KILLEEN, DAN		NAME	KATHY ARTIS	
STREET ADDRESS	4401 HONEYBROOKE CT		STREET ADDRESS	208 W. THOMAS	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSZEGHY, KELLY		NAME		
STREET ADDRESS	4223 AUTUMN LEAVES DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLEEN, JIM		NAME		
STREET ADDRESS	15926 BRIDGEWATER LANE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>James Killeen</i>		JAMES KILLEEN		4/12/07 813-969-0395	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	