

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004565

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: AMAZING LOVE MINISTRIES INC

**Current Principal Place of Business:**

15926 BRIDGEWATER LANE  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

15926 BRIDGEWATER LANE  
TAMPA, FL 33624

**New Mailing Address:**

FEI Number: 20-4782995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEGAL ZOOM NEVADA INC  
44 W FLAGLER STREET SUITE 675  
MIAMI, FL 33130 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DRUM, WAYNE  
Address: 1621 SAND HOLLOW LN  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: RUDE, MARY  
Address: 4645 LANDSCAPE DR  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: ANDERSON, KAREN  
Address: 15715 PONY PLACE  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: KILLEEN, DAN  
Address: 4401 HONEYBROOKE CT  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: KOSZEGHY, KELLY  
Address: 4223 AUTUMN LEAVES DR  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: KILLEEN, JIM  
Address: 15926 BRIDGEWATER LANE  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: KILLEEN, BARBARA  
Address: 15926 BRIDGEWATER LN  
City-St-Zip: TAMPA, FL 33624

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: ARTIS, KATHY  
Address: 208 W THOMAS  
City-St-Zip: TAMPA, FL 33604

Title: VP (X) Change ( ) Addition  
Name: DONAGHY, DONNA  
Address: 11107 LAKE SASSA  
City-St-Zip: THONOTOSASSA, FL 33592

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA KILLEEN

PRES

04/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date