

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N06000004565

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: PRES () Delete
Name: KILLEEN, BARBARA
Address: 15926 BRIDGEWATER LN
City-St-Zip: TAMPA, FL 33624

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: SEC () Delete
Name: ARTIS, KATHY
Address: 208 W THOMAS
City-St-Zip: TAMPA, FL 33604

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SEC (X) Change () Addition
Name: KILLEEN, VICTORIA
Address: 4223 AUTUMN LEAVE
City-St-Zip: TAMPA, FL 33624

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

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: JIM KILLEEN

D

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date