

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004565

FILED  
Feb 28, 2012  
Secretary of State

**Entity Name:** AMAZING LOVE MINISTRIES INC

**Current Principal Place of Business:**

2801 N 17TH ST.  
TAMPA, FL 33605

**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 (X)

**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  
Name: KILLEEN, BARBARA  
Address: 15926 BRIDGEWATER LN  
City-St-Zip: TAMPA, FL 33624

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

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

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

Title: TRES  
Name: KILLEEN, JIM  
Address: 5926 BRIDGEWATER LN  
City-St-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: JAMES KILLEEN

TRES

02/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date