

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723497 (4)

1. Corporation Name
THE APOSTLES OF INFINITE LOVE, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR -8 PM 3:44

Principal Place of Business Mailing Address
**ROUTE 1 ROUTE 1
BOX 12 BOX 12
MCALPIN FL 32062 MCALPIN FL 32062**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/24/1972** 3a. Date of Last Report **04/14/1994**

4. FEI Number **59-1403551** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**FR. MATEO DU COEUR DE JESUS
ROUTE 1 BOX 12
MCALPIN FL 32062**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FR. JOHN GREGORY OF TRIN
STREET ADDRESS	ROUTE 1 BOX 12
CITY-ST-ZIP	MCALPIN, FL 00000
TITLE	STD
NAME	FR. MATEO DU COEUR DE J
STREET ADDRESS	ROUTE 1 BOX 12
CITY-ST-ZIP	MCALPIN, FL 00000
TITLE	D
NAME	FR. PAUL DU COEUR DE JES
STREET ADDRESS	RT 1 BOX 12
CITY-ST-ZIP	MCALPIN, FL 00000
TITLE	D
NAME	FR. SIMON DE ST-JUDE
STREET ADDRESS	BOX 12 ROUTE 1
CITY-ST-ZIP	MCALPIN, FL 00000
TITLE	VP
NAME	FR TIMOTHY DU P.S.
STREET ADDRESS	290 RG 7 ST JOVITE
CITY-ST-ZIP	QUEBEL, CANADA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **FR. MATEO DU COEUR DE JESUS, ODM** **2-22-1995** **804-362-2793**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #