

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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.**



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

3. Date Incorporated or Qualified 05/24/1972 3a. Date of Last Report 03/08/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1403551	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FR. MATEO DU COEUR DE JESUS  
ROUTE 1 BOX 12  
MCALPIN FL 32062

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature, required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FR. JOHN GREGORY OF TRIN	1.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 12	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCALPIN, FL 00000	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FR. MATEO DU COEUR DE J	2.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 12	2.3 STREET ADDRESS	
CITY-ST-ZIP	MCALPIN, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FR. PAUL DU COEUR DE JES	3.2 NAME	
STREET ADDRESS	RT 1 BOX 12	3.3 STREET ADDRESS	
CITY-ST-ZIP	MCALPIN, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FT. SIMON DE ST-JUDE	4.2 NAME	
STREET ADDRESS	BOX 12 ROUTE 1	4.3 STREET ADDRESS	
CITY-ST-ZIP	MCALPIN, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FR TIMOTHY DU P.S.	5.2 NAME	
STREET ADDRESS	290 RG 7 ST JOVITE	5.3 STREET ADDRESS	
CITY-ST-ZIP	QUEBEL, CANADA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 617, 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 3-1-1996 904-362-2793  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)