

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723497** (4)

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



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
9578- 170TH TERRACE MCALPIN FL 32062-9801 US		9578- 170TH TERRACE MCALPIN FL 32062-9801 US		05/24/1972	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		59-1403551	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FR. MATEO DU COEUR DE JESUS 9578- 170TH TERRACE MCALPIN FL 32062-9801				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FR. JOHN GREGORY OF TRININITY, ODM	1.2 NAME	
STREET ADDRESS	9578 170TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCALPIN FL 32062-9801	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FR. MATEO DU COEUR DE JESUS, ODM	2.2 NAME	
STREET ADDRESS	9578 170TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MCALPIN FL 32062-9801	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FR. PAUL DU COEUR DE JESUS, ODM	3.2 NAME	
STREET ADDRESS	9578- 170TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MCALPIN FL 32062-9801	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FR. SIMON DE ST-JUDE, ODM	4.2 NAME	
STREET ADDRESS	9578- 170TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MCALPIN FL 32062-9801	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* 1-26-1998 904-362-2793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001836

CR2E037 (10/97)