


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90018 002 \*\*\*\*70.00

**DOCUMENT # 723497**  
 1. Entity Name  
**THE APOSTLES OF INFINITE LOVE, INC.**



Principal Place of Business  
**9578- 170TH TERRACE**  
**MCALPIN, FL 32062-9801 US**

Mailing Address  
**9578- 170TH TERRACE**  
**MCALPIN, FL 32062-9801 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01262004 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**59-1403551**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FR. MATEO DU COEUR DE JESUS**  
**9578- 170TH TERRACE**  
**MCALPIN, FL 32062-9801**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	FR. JOHN GREGORY OF TRINITY, ODM 9578 170TH TERRACE MCALPIN, FL 320629801	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE STD	FR. MATEO DU COEUR DE JESUS, ODM 9578 170TH TERRACE MCALPIN, FL 320629801	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	FR. SIMON DE ST-JUDE, ODM 9578- 170TH TERRACE MCALPIN, FL 320629801	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	FR TIMOTHY DU P.S. 290 RG 7 ST JOVITE QUEBEL, CANADA,	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	DE DIEU ODM, MATHURIN DE LA 9578-170TH TERRACE MC ALPIN, FL 32062	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FR. MATEO DU COEUR DE JESUS ODM Date: FEB 10, 2004 Daytime Phone #: 904-362-2793

FR. MATEO DU COEUR DE JESUS ODM