


**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**2007 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # 723497</b> 1. Entity Name <b>THE APOSTLES OF INFINITE LOVE, INC.</b>	
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Principal Place of Business <b>9578- 170TH TERRACE          MCALPIN, FL 32062-9801 US</b>	Mailing Address <b>9578- 170TH TERRACE          MCALPIN, FL 32062-9801 US</b>
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01202007 No Chg-NP		CR2E037 (4/06)
4. FEI Number <b>59-1403551</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>FR. MATEO DU COEUR DE JESUS          9578- 170TH TERRACE          MCALPIN, FL 32062-9801</b>	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FR. JOHN GREGORY OF TRININITY, ODM
STREET ADDRESS	9578 170TH TERRACE
CITY-ST-ZIP	MCALPIN, FL 320629801
TITLE	STD
NAME	FR. MATEO DU COEUR DE JESUS, ODM
STREET ADDRESS	9578 170TH TERRACE
CITY-ST-ZIP	MCALPIN, FL 320629801
TITLE	D
NAME	FR. SIMON DE ST-JUDE, ODM
STREET ADDRESS	9578- 170TH TERRACE
CITY-ST-ZIP	MCALPIN, FL 320629801
TITLE	VP
NAME	FR TIMOTHY DU P.S.
STREET ADDRESS	290 RG 7 ST JOVITE
CITY-ST-ZIP	QUEBEL, CANADA,
TITLE	D
NAME	DE DIEU ODM; MATHURIN DE LA
STREET ADDRESS	9578-170TH TERRACE
CITY-ST-ZIP	MC ALPIN, FL 32062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
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U00000633382  
02/21/07-80059-014 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 C. DE J. ODM **FR. MATEO DU C. DE J. ODM**  
 FEB. 5, 2007 904-363-2793  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #