


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

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

**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
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**DO NOT WRITE IN THIS SPACE**



01202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1403551	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  
 FR. MATEO DU COEUR DE JESUS  
 9578- 170TH TERRACE  
 MCALPIN, FL 32062-9801

**DO NOT WRITE  
 IN THIS SPACE**

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, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FR. JOHN GREGORY OF TRININITY, ODM 9578 170TH TERRACE MCALPIN, FL 320629801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FR. MATEO DU COEUR DE JESUS, ODM 9578 170TH TERRACE MCALPIN, FL 320629801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FR. SIMON DE ST-JUDE, ODM 9578- 170TH TERRACE MCALPIN, FL 320629801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FR TIMOTHY DU P.S. 290 RG 7 ST JOVITE QUEBEL, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE DIEU ODM; MATHURIN DE LA 9578-170TH TERRACE MC ALPIN, FL 32062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000633382  
 02/21/07-80059-014 70.00

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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:** *P. Mateo du C. de J. ODM* **P. 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 #