


FILED
Feb 26, 2008 08:00 A
Secretary of State

2008 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



01192008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

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

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**
Due by May 1, 2008

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

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 IN THIS SPACE

UD00000840360
 03/06/08-80046-001 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 February 18, 2008 904-362-2793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #