

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03376 (3)
1. Corporation Name
THE DIOCESE OF THE SOUTH, INC.



Principal Place of Business

Mailing Address

2306 SE 20 CIRCLE
OCALA FL 34471-8305
US

2036 SE 20 CIRCLE
OCALA FL 34471-8305
US

3. Date Incorporated or Qualified
05/31/1984

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number
59-2415182

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIS, CHARLES E
2306 SE 20 CIRCLE
OCALA FL 34471

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **S MORRIS, CHARLES E.**
STREET ADDRESS **2306 SE 20TH CIRCLE**
CITY-ST-ZIP **OCALA FL 34471**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **PD LEWIS, WILLIAM, RT. REV.**
STREET ADDRESS **225 FAIRWAY DRIVE**
CITY-ST-ZIP **ATHENS GA 30607**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **T YORK, RUSSELL**
STREET ADDRESS **21348 EDGEWATER DRIVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33949**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Treasurer ☒ Change ☐ Addition
Mrs Anne Brahmer
P.O. Box 320
Orlando, NC 28763-0320

TITLE ☐ DELETE

NAME **D GARDNER, TYSON**
STREET ADDRESS **103 WEST HENRY STREET**
CITY-ST-ZIP **TAMPA FL 33604**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **DV FOOTE, WILLIAM W**
STREET ADDRESS **870 WEAVER DAIRY RD**
CITY-ST-ZIP **CHAPEL HILL NC 27514**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D SHUMAN, JOHN D.**
STREET ADDRESS **3535 VALLEY WAY**
CITY-ST-ZIP **WEST PALM BCH FL 33406**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director ☒ Change ☐ Addition
Haverland, Mark D
460 Cobb Street
Athens, GA 30606

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Charles E. Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 January 1996 (352) 622-8331
Date Daytime Phone #

CR2E037 (12/95)