FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03376

(3)

THE DIOCESE OF THE SOUTH, INC.

e Incorporated or Qualified 3a. Date of Last Report

FILED

Feb 04 1997 8:00am

Secretary of State

Principal Place of Business 2306 SE 20 CIRCLE OCALA FL 34471-8305 US Mailing Address 2306 SE 20 CIRCLE OCALA FL 34471 US							1 (1531) 10 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
							3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1996		
2. Principal Place of Business 2a. Mailing Address 21							4. FEI Number Applied For S9-2415182 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. # 27				ŧ, etc.			5. Certificate of Status Desired S8.75 Additional Fee Regulied		
City & State			City & State			······································	6. Election Campaign Financing \$5.00 May Be		
23	Zip	Country	28 Zip Country				Trust Fund Contribution		
24	4	⊢ '	⊢ `	30	untry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
241		25 29 30 30 9. Name and Address of Current Registered Agent					Florida Statutes		
_		g, Hamo and Padross of Carron	Trogration or Agont		81	Name	10, marite and Address of how inglicities Agont		
•		OUADIES E LES				***************************************			
		, CHARLES E LTS			82	Street	Address (P.O. Box Number is Not Acceptable)		
	2306 SE 20 CIRCLE OCALA FL 34471								
	OUALA	FL 3447 I			24	Oth.	[64] 7: Oct.		
					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.								
SIG	SNATURE _	Signature, typed or printed name of registered agen	and tille if applicable. (NOT	E Registere	d Age	nt signature	required when reinstating) DATE		
12.		OFFICERS AND	DIRECTORS	13,			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITU	Ε	S	DELETE	1.1 T	ITLE		☐ Change ☐ Addition		
NAM	IE	MORRIS, CHARLES E.		1.2 N	IAME		•		
STRE	EET ADDRESS	ISS 2306 SE 20TH CIRCLE 13			TREET	ADDRESS			
CITY	- \$T- Z IP	OCALA FL 34471		1.4 0	ITY-S	T-ZIP			
TITL	E	PD	DELETE	2.1 T	ITLE		☐ Change ☐ Addition		
NAM	re .	LEWIS, WILLIAM, RT. REV.		2.2 N	IAME				
STRE	ET ADDRESS	225 FAIRWAY DRIVE	te i	2.8 6	THEET	ADDRESS -	to anthony the transportation of a setting point of the transportation of the setting of the set		
CITY	'- ST - ZIP	ATHENS GA 30607			CITY-S	T-ZIP			
TITL	E	T	DELETE	3.1 7	ITLE		▼ Change		
NAN	1E	York, Russell		3.2 N	AME		Brahmer, Anne		
STRI	EET ADDRESS	21348 EDGEWATER DRIVE		3.3 S	TREET	ADDRESS	174 Otto Heights Road		
CITY	'- \$1 - ZIP	PORT CHARLOTTE FL 33949		3.4. 0	CITY-S	T · ZIP	0 tto, NC 28763		
TITL		D	DELETE	4.1 [ITLE		Change Addition		
NAM	IE .	GARDNER, TYSON		4.21	NAME		Bullock, William D		
STR	EET ADDRESS	103 WEST HENRY STREET		4.3 \$	TREET	ADDRESS	1113 w. Palmetto 5+		
CITY	'-\$T-ZIP	TAMPA FL 33604		4.4 0	ITY-S	T-ZIP	Florence, SC 29501-4360		
TITL	E	DV	☐ DELETE	ETE 5.1 TIT			DY Change Addition		
NAM	IE .	FOOTE, WILLIAM W		5.2 N	IAME		TRIM MIER Norman Par		
STR	EET ADDRESS	870 WEAVER DAIRY RD		5.3 S	TREET	ADDRESS	TRIMMIER Norman P Jr 2784 As Wey River Road		
CITY	'- ST- ZIP	CHAPEL HILL NC 27514		5.4 0	ITY-S	T- Z IP	Charleston SC 29414		
TITL		D	☐ DELETE	6.1 T			Unange Li Addition		
NAM	1E	SHUMAN, JOHN D.		6.2 N	AME		FUCHE GOOME P. III		
l	EET ADDRESS	3535 VALLEY WAY				ADDRESS	21293 Wardell Are		
l	'-ST-ZIP	WEST PALM BCH FL 33406			HTY-S		Port Charlotte FL 33952		

14. I do 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 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: Shalle Cincilis 15 CHADITE & MORRIS Sacty 1/7/97 352-622-8331

CR2E037 (9/96)