

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 2306 SE 20 CIRCLE, OCALA FL 34471-8305 US  
Mailing Address: 2306 SE 20 CIR, OCALA FL 34471-8305 US

3. Date Incorporated or Qualified: 05/31/1984  
4. FEI Number: 59-2415182  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
26  
27  
28  
29  
30

9. Name and Address of Current Registered Agent  
MORRIS, CHARLES E LTC, USA, Ret.  
2306 SE 20 CIRCLE  
OCALA FL 34471

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S MORRIS, CHARLES E. 2306 SE 20TH CIRCLE OCALA FL 34471	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD LEWIS, WILLIAM, RT. REV. 225 FAIRWAY DRIVE ATHENS GA 30607	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	T YORK, RUSSELL 21348 EDGEWATER DRIVE PORT CHARLOTTE FL 33949	2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D GARDNER, TYSON 103 WEST HENRY STREET TAMPA FL 33604	2.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	DV FOOTE, WILLIAM W 870 WEAVER DAIRY RD CHAPEL HILL NC 27514	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D SHUMAN, JOHN D. 3535 VALLEY WAY WEST PALM BCH FL 33406	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME The Rt. Rev. Mark Haverland, Ph.D.  
2.3 STREET ADDRESS 225 Fairway Drive  
2.4 CITY-ST-ZIP Athens, GA 30607  
3.1 TITLE  Change  Addition  
3.2 NAME Mrs Karen Sybrandt  
3.3 STREET ADDRESS 1060 Victoria Crossing  
3.4 CITY-ST-ZIP Watkinsville, GA 30677  
4.1 TITLE  Change  Addition  
4.2 NAME The Rev Eric P. Lewis  
4.3 STREET ADDRESS 8614 Bannerman Bluff Rd  
4.4 CITY-ST-ZIP Tallahassee, FL 32312  
5.1 TITLE  Change  Addition  
5.2 NAME Dr The Rev Norman F. Tremmer, Sr  
5.3 STREET ADDRESS 1900 Parsonage Road  
5.4 CITY-ST-ZIP Charleston, SC 29414  
6.1 TITLE  Change  Addition  
6.2 NAME Mr Stuart Casper  
6.3 STREET ADDRESS 126 Penelope Lane  
6.4 CITY-ST-ZIP Taylorsville NC 28681

14. I 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: *Charles E. Morris* MORRIS, CHARLES E., LTC, USA, Ret. 15 Jan 98 (352) 622-8331

CR2E037 (10/97)