## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N03376 1. Corporation Name

THE DIOCESE OF THE SOUTH, INC.							
Principal Place of Business	Mailing Address						
2306 SE 20 CIRCLE OCALA FL 34471-8305 US	2306 SE 20 CIR OCALA FL 34471-8305 US						
2. Principal Place of Business	2a. Mailing Address						

FILED								
Feb 22, 1999 8:00 a	am							
Secretary of State								

02-22-1999 90134 042 \*\*\*\*61.25

~98184 · 90134~ 42 °

3. Date Incorporated or Qualifed

21			26					05/31/1984			
	Suite, Apt.	t. #, etc. Suite, Apt. #, etc.									plied For
22			27					59-2415182		No	t Applicable
	City & State	9	City & State					5. Certifcate of Status Desire	ed 📋	\$8.75 A	
23			28							Fee Re	
_	Zip	Country	Zip		Country			<ol><li>Election Campaign Finance</li></ol>	ing 🗆	\$5.00	
24		25	29	30				Trust Fund Contribution		Added t	o Fees
		9. Name and Address of Current F	Registered Agen	<u>t</u>	- 041	Mana		10. Name and Address of N	ew Registered	Agent	
					81	Name		÷			.
MORRIS, CHARLES E LTC				82	Street	Address	s (P.O. Box Number is Not Acc	ceptable)			
	2306 SE 2	O CIRCLE									
	OCALA FL	. 34471			83						
	¢				84	City	· · · · · · · · · · · · · · · · · · ·			85 Zip C	Code
Į						•		•	FL	- 1 1	
11	. Pursuant	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of	and 617.1508, Flo	orida Statutes, th	ne above	-named	corpora	ation submits this statement for	the purpose of accept the acco	changing its ntment as red	registered sistered
~	Sigent. I as	m familiar with, and accept the obligation	ns of, Section 61	7.0503, Florida	Statutes.	001p	o auton	o boding of directors and another			
SI	GNATURE										
		Signature, typed or printed name of registered agent at				t signature r	required wh	hen reinstating)	DATE	ID DIDECTO	DO 1140
12		OFFICERS AND			13.		γ	ADDITIONS/CHANGES TO	OFFICERS AF		Addition
ΠT	LE	\$	Ц		1.1 TITLE					Change	☐ Addition
NA	ME	MORRIS, CHARLES E.			1.2 NAME			•			
STI	REET ADDRESS	2306 SE 20TH CIRCLE			1.3 STREET	ADDRESS					
СП	Y-ST-ZIP	OCALA FL 34471			1.4 CITY-ST	-ZIP				<b>1</b>	LA LEC.
TIT	LE	PD	X	DELETE	2.1 TITLE		PD		_	Change	Addition
NΑ	ME	LEWIS, WILLIAM, RT. REV.		:	2.2 NAME		I	ERLAND, Mark, Rt	.Rec.		ĺ
ST	REET ADDRESS	225 FAIRWAY DRIVE		:	2.3 STREET	ADDRESS	1	Cobb Street	•	-	
CIT	Y-ST-ZIP	ATHENS GA 30607			2.4 CITY-\$	T-ZIP	Ath	<u>ens. GA 30606                                  </u>		<u> </u>	**************************************
TIT	Œ	T	<b>A</b>	DELETE	3.1 TITLE		T			Change	Addition
NA	ME	YORK, RUSSELL	•	:	3.2 NAME		SYB	RANDT, Karen, Mr	\$.		•
STE	REET ADDRESS	21348 EDGEWATER DRIVE		:	3.3 STREET	ADDRESS	106	O Victoria Cross	ing		1
CIT	Y-ST-ZIP	PORT CHARLOTTE FL 33949			3.4. CITY-S	T-ZIP	Wat	kinsville, GA 30	677		
TIT	le T	D	<b>4</b>	DELETE	4.1 TITLE		D	•		Change Change	Addition
NA	ME	GARDNER, TYSON	•		4. 2 NAME		1	IS, Eric P. Rev.			•
STI	REET ADDRESS	103 WEST HENRY STREET			4.3 STREET	ADDRESS	1	4 Bannerman Bluf			,
CIT	Y-ST-ZIP	TAMPA FL 33604			4.4 CITY-ST	-ZIP	Tal:	<u>lahassee, FL 323</u>	12	<u> </u>	
זיִד	LE	DV	<b>X</b>	•	5.1 TITLE		DV			Change	Addition
NA	ME	FOOTE, WILLIAM W	•		5.2 NAME		TRI	MMIER, Norman Pp	, Jr. Re	v.	-
STE	REET ADDRESS	870 WEAVER DAIRY RD			5.3 STREET			l Vespers Drive			
CIT	Y-ST-ZIP	CHAPEL HILL NC 27514			5.4 CITY-ST	-ZIP		rleston, SC 2941	4	<b></b>	=1
ПТ	LE	D	严		6.1 TITLE		D			Change	Addition
NA	ME	SHUMAN, JOHN D.	•		6.2 NAME		I —	LIAMS, Anthony		•	·
STI	REET ADDRESS	3535 VALLEY WAY		1	6.3 STREET	ADDRESS	ľ.	Stone Ridge Cou	rt.		1
CIT	Y-ST-ZIP	WEST PALM BCH FL 33406		+	6.4 CITY-ST	-ZIP	1	ns GA 30809			

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 informatic 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 author, with all other like empowered.

SIGNATURE: CHARLES ELCTOR SIGNATURE AND TYPED OR PR

552.622.8831