

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90207 018 ****61.25

DOCUMENT # N03376

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2415182

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, CHARLES E LTC
2306 SE 20 CIRCLE
OCALA FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **S**
HAVERLAND, MARK RT REC
 STREET ADDRESS **460 COBB ST**
 CITY-ST-ZIP **ATHENS GA 30606**

TITLE Change Addition
 NAME **P**
HAVERLAND, Mark, Rt. Rev
 STREET ADDRESS **460 Cobb St.**
 CITY-ST-ZIP **Athens, GA 30606**

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

TITLE Change Addition
 NAME **D**
COTTERELL, John E.H., Rev.
 STREET ADDRESS **115 Davis Estates Road**
 CITY-ST-ZIP **Athens, GA 30606**

TITLE Delete
 NAME **T**
SYBRANDT, KAREN
 STREET ADDRESS **1060 VICTORIA CROSSING**
 CITY-ST-ZIP **WATKINSVILLE GA 30677**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
LEWIS, ERIC P REV
 STREET ADDRESS **8614 BANNERMAN BLUFF CT**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE Change Addition
 NAME **VP**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV**
TRIMMER, NORMAN P JR REV
 STREET ADDRESS **2161 VESPER DR**
 CITY-ST-ZIP **CHARLESTON SC 29414**

TITLE Change Addition
 NAME **D**
Brookshire, Voris G. Jr, Rev.
 STREET ADDRESS **4219 N. Federal Hwy**
 CITY-ST-ZIP **Pompano Beach, FL 33064**

TITLE Delete
 NAME **D**
WILLIAMS, ANTHONY
 STREET ADDRESS **4612 STONE RIDGE CT**
 CITY-ST-ZIP **EVANS GA 30809**

TITLE Change Addition
 NAME **D**
MORRIS, Bonnie J.
 STREET ADDRESS **2306 S.E. 20th Circle**
 CITY-ST-ZIP **Ocala, FL 34471**

12. 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 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: **CHARLES E MORRIS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/2000 (352) 622-8331
 Date Daytime Phone #

CR2E037 (9/99)