

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90033 025 ****61.25

DOCUMENT # N03376

1. Entity 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**

40019002



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072007

Chg-NP

CR2E037 (12/06)

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**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME REX, MOST
STREET ADDRESS 460 COBB ST
CITY-ST-ZIP ATHENS, GA 30606

TITLE D ☐ Delete
NAME AUGHEY, THE RW DANIEL C MP
STREET ADDRESS 8081 WHEELER RD
CITY-ST-ZIP AUGUSTA, GA 30909

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

TITLE VPD ☐ Delete
NAME JONES, ROBERT T IV PSYD
STREET ADDRESS 121 LOST FOREST DR
CITY-ST-ZIP MCDONOUGH, GA 30252

TITLE D ☐ Delete
NAME MORRIS, BONNIE J
STREET ADDRESS 2306 SE 20 CIRCLE
CITY-ST-ZIP OCALA, FL 34471

TITLE D ☐ Delete
NAME VEVE, MANDY MRS
STREET ADDRESS 14723 GAINESBOROUGH AVE
CITY-ST-ZIP ORLANDO, FL 32826

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Archbishop Mark Haverland, Ph.D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Mc Aughey, The Rev Daniel C
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **CHARLES E. MORRIS, Secy 2/8/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(352) 622-8331

Daytime Phone #