




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90003 045 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2415182	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, CHARLES E LTC 2306 SE 20 CIRCLE OCALA, FL 34471			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME HOWALAND, ARCHBISHOP M PHD STREET ADDRESS 460 COBB ST CITY-ST-ZIP ATHENS, GA 30606	<input checked="" type="checkbox"/> Delete		TITLE P NAME The Most Rev Mark Howland, Ph.D. STREET ADDRESS 460 Cobb St CITY-ST-ZIP Athens, GA 30606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MCDUGHEY, DANIEL REV STREET ADDRESS 8081 WHEELER RD CITY-ST-ZIP AUGUSTA, GA 30909	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME The Rev. James F. Danford STREET ADDRESS PO Box 315 CITY-ST-ZIP Arden, AL 36311 (Chap. Capt USAPR 332 ARMY/HC APP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME SYBRANDT, KAREN STREET ADDRESS 1060 VICTORIA CROSSING CITY-ST-ZIP WATKINSVILLE, GA 30677	<input type="checkbox"/> Delete		TITLE D NAME The Rev Laurence K. Wells STREET ADDRESS 2746 St John Ave CITY-ST-ZIP Jacksonville, FL 32205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME JONES, ROBERT T IV PSYD STREET ADDRESS 121 LOST FOREST DR CITY-ST-ZIP MCDONOUGH, GA 30252	<input checked="" type="checkbox"/> Delete		TITLE D NAME Michael Rogers STREET ADDRESS 831 Celestial Lane CITY-ST-ZIP Hixson, TN 37343	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MORRIS, BONNIE J STREET ADDRESS 2306 SE 20 CIRCLE CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE D NAME VEVE, MANDY MRS STREET ADDRESS 14723 GAINESBOROUGH AVE CITY-ST-ZIP ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: 			2/23/08 (352) 622-8331		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
CHARLES E. MORRIS, LEGAL USA, Ret.					