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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727714** (8)

1. Corporation Name

EPIC COMMUNITY SERVICES, INC.

Principal Place of Business	Mailing Address
88 RIBERIA STREET 300 ST. AUGUSTINE FL 32084 US	88 RIBERIA STREET 300 ST. AUGUSTINE FL 32084 US

3. Date Incorporated or Qualified

10/10/1973

4. FEI Number

59-1502582

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENOUGH PATRICIA
88 RIBERIA STREET
SUITE 300
ST. AUGUSTINE FL 32084**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SMOLEK, GARY	
STREET ADDRESS	4010 LEWIS SPEEDWAY #299	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	TD	☐ DELETE
NAME	ROBINSON, WILLIAM	
STREET ADDRESS	231 CIRCLE DRIVE EAST	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	PD	☐ DELETE
NAME	BROWNING, JAMES E	
STREET ADDRESS	144 WILLOW POND LN	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	SD	☐ DELETE
NAME	POLLACK, NATHAN	
STREET ADDRESS	5168 MEDORAS AVE	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	M	☐ DELETE
NAME	GREENOUGH, PATRICIA	
STREET ADDRESS	88 RIBERIA STREET SUITE 300	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	VPD	☐ DELETE
NAME	CROYLE, SUSAN	
STREET ADDRESS	209 S. PONCE DELEON BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	SMOLEK, GARY	
1.3 STREET ADDRESS	4010 LEWIS SPEEDWAY #299	
1.4 CITY-ST-ZIP	ST. AUGUSTINE FL	
2.1 TITLE	T/VP/D	☒ Change ☐ Addition
2.2 NAME	ROBINSON, WILLIAM	
2.3 STREET ADDRESS	231 CIRCLE DRIVE EAST	
2.4 CITY-ST-ZIP	ST AUGUSTINE FL	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	BROWNING, JAMES E	
3.3 STREET ADDRESS	144 WILLOW POND LN	
3.4 CITY-ST-ZIP	PONTE VEDRA BCH FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PD	☒ Change ☐ Addition
6.2 NAME	CROYLE, SUSAN	
6.3 STREET ADDRESS	209 S. PONCE DELEON BLVD	
6.4 CITY-ST-ZIP	ST AUGUSTINE FL	

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: *Patricia Greenough* **PATRICIA GREENOUGH 4/24/98 (204) 899-2273**

CR2E037 (10/97)