FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90081 020 ****61.25

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DOCUMENT # 727714

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 10/10/1973

4. FEI Number: 59-1502582 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

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

10. **Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMOLEK, GARY		1.2 NAME		
STREET ADDRESS	4010 LEWIS SPEEDWAY #299		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP		
TITLE	TVPD	☐ DELETE	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ROBINSON, WILLIAM		2.2 NAME		
STREET ADDRESS	231 CIRCLE DRIVE EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	VICE PRESIDENT/DIRECTOR	☐ Change ☐ Addition
NAME	BROWNING, JAMES E		3.2 NAME	CHRISTINE, ALEX	
STREET ADDRESS	144 WILLOW POND LN		3.3 STREET ADDRESS	25 RIBERIA STREET	
CITY-ST-ZIP	PONTE VEDRA BCH FL		3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	SD	☐ DELETE	4.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	POLLACK, NATHAN		4.2 NAME		
STREET ADDRESS	5168 MEDORAS AVE		4.3 STREET ADDRESS	581 16TH STREET	
CITY-ST-ZIP	ST AUGUSTINE FL		4.4 CITY-ST-ZIP	ST. AUGUSTINE, FL	
TITLE	M	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GREENOUGH, PATRICIA		5.2 NAME		
STREET ADDRESS	88 RIBERIA STREET SUITE 300		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	CROYLE, SUSAN		6.2 NAME		
STREET ADDRESS	209 S. PONCE DELEON BLVD		6.3 STREET ADDRESS	524 N. HORSESHOE	
CITY-ST-ZIP	ST AUGUSTINE FL		6.4 CITY-ST-ZIP	ST. AUGUSTINE, FL	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Patricia Greenough — PATRICIA GREENOUGH EXECUTIVE DIRECTOR — 3/9/99 — 904-829-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #