FILE NOW: FILING FEE IS $61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08684 (5)

1. Corporation Name
EPIPHANY HOUSING, INC.

Principal Place of Business	Mailing Address
4792 S. RIDGEWOOD AVE. PORT ORANGE FL 32127	4792 S. RIDGEWOOD AVE. PORT ORANGE FL 32127

3. Date Incorporated or Qualified: 04/10/1985

4. FEI Number: 59-2866289 ☐ Applied For ☐ Not Applicable

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)

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

CHADWICK, JAMES M
11300 FOURTH STREET NORTH
SUITE 200
ST PETERSBURG FL 33716

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	BENGE, JACK WILLIAM		1.2 NAME	Gilpatrick, Diane	
STREET ADDRESS	3461 MARTINGALE CT		1.3 STREET ADDRESS	878 Lemon Road	
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-ST-ZIP	So. Daytona, FL 32119	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	QUARTIER, DAVID S		2.2 NAME	Mason, Elmer	
STREET ADDRESS	752 RENEGADE LANE		2.3 STREET ADDRESS	2318 Oriole Lane	
CITY-ST-ZIP	PT ORANGE FL		2.4 CITY-ST-ZIP	So. Daytona, FL 32119	
TITLE	PD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ZIMMERMAN, FRANK W		3.2 NAME	McCollum, Agnes D.	
STREET ADDRESS	~~4970 G PENINSULA DR~~ 209 LONDON PL.		3.3 STREET ADDRESS	4030 Oriole Avenue	
CITY-ST-ZIP	~~PONCE INLET FL~~ PORT ORANGE FL 32127		3.4 CITY-ST-ZIP	Daytona Beach, FL 32127	
TITLE	TD	☐ DELETE	4.1 TITLE	S/D	☐ Change ☒ Addition
NAME	HALL, CAROL		4.2 NAME	Palmer, Dorthea B.	
STREET ADDRESS	2127 S. PALMETTO AVE.		4.3 STREET ADDRESS	1261 Plantation Place	
CITY-ST-ZIP	SOUTH DAYTONA FL		4.4 CITY-ST-ZIP	Daytona Beach, FL 32119	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KAMIDE, PAUL T		5.2 NAME		
STREET ADDRESS	201 LAFAYETTE ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: _____ 2/4/98