

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90013 011 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                     |                                                                                     |                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N08684</b><br>1. Entity Name<br><b>EPIPHANY HOUSING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                     |                                                                                     |                                  |  |
| Principal Place of Business<br><b>4792 S. RIDGEWOOD AVE.<br/>PORT ORANGE, FL 32127</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                     | Mailing Address<br><b>11300 4TH ST N<br/>STE 200<br/>SAINT PETERSBURG, FL 33716</b> |                                                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                     | City & State                                                                        |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Country                                                                             |                                                                                     | Zip                                                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Country                                                                             |                                                                                     | 01282008 Chg-NP CR2E037 (12/06)                                                                                   |  |
| 4. FEI Number<br><b>59-2866289</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                     |                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                     |                                                                                     | <b>\$8.75 Additional Fee Required</b>                                                                             |  |
| 6. Name and Address of Current Registered Agent<br><b>CHADWICK, JAMES M<br/>11300 FOURTH STREET NORTH<br/>SUITE 200<br/>ST PETERSBURG, FL 33716</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                     |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                     |                                                                                     | FL Zip Code                                                                                                       |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                     |                                                                                     |                                                                                                                   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                     | <b>\$5.00 May Be Added to Fees</b>                                                                                |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>10. OFFICERS AND DIRECTORS</b>                                                   |                                                                                     |                                                                                                                   |  |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                         |                                                                                     |                                                                                                                   |  |
| VPD<br>CIRCELLI, THOMAS<br>714 LAGRANGE AVENUE<br>PORT ORANGE, FL 32129                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | PD<br>Sheehan, Margaret A.<br>3454 S. Peninsula Drive<br>Port Orange, FL 32118      |                                                                                     |                                                                                                                   |  |
| TD<br>HALL, CAROL<br>2127 S. PALMETTO AVE.<br>SOUTH DAYTONA, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | D<br>Kamide, Paul T<br>201 LAFAYETTE ST<br>PORT ORANGE, FL                          |                                                                                     |                                                                                                                   |  |
| SD<br>GILPATRICK, DIANE<br>878 LEMON RD<br>S DAYTONA, FL 32119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | D<br>Sciortino, Joseph M.<br>2542 S. Peninsula Dr<br>Daytona Beach, FL 32118        |                                                                                     |                                                                                                                   |  |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                         |                                                                                     |                                                                                                                   |  |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | TITLE NAME<br>STREET ADDRESS<br>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: <u>Margaret A. Sheehan</u> Margaret A. Sheehan 2/4/08 (38) 767-4866<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                     |                                                                                     |                                                                                                                   |  |

# ATTACHMENT

2008 Uniform Business Report—cont.

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#N08684

| 10. Officers and Directors      | 11. Additions/ Changes to Officers and Directors in 10                                                                                          |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Delete | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Cassarly, Jeanne<br>2523 Pope Avenue<br>So. Daytona, FL 32119 |
| <input type="checkbox"/> Delete | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Vinski, Joseph<br>829 Kokemo Circle<br>Port Orange, FL 32127  |

Epiphany Housing, Inc.  
N08684