2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N08684

Entity Name: EPIPHANY HOUSING, INC.

Current Principal Place of Business:

4792 S. RIDGEWOOD AVE.
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

11300 4TH ST N
STE 200
SAINT PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-2866289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: CIRCELLI, THOMAS
Address: 714 LAGRANGE AVENUE
City-St-Zip: PORT ORANGE, FL 32129

Title: TD ( ) Delete
Name: HALL, CAROL,
Address: 2127 S. PALMETTO AVE.
City-St-Zip: SOUTH DAYTONA, FL

Title: D ( ) Delete
Name: KAMIDE, PAUL T
Address: 201 LAFAYETTE ST
City-St-Zip: PORT ORANGE, FL

Title: SD ( ) Delete
Name: GILPATRICK, DIANE
Address: 878 LEMON RD
City-St-Zip: S DAYTONA, FL 32119

Title: PD ( ) Delete
Name: SHEEHAN, MARGARET A
Address: 3454 S PENINSULA DRIVE
City-St-Zip: PORT ORANGE, FL 32118

Title: D ( ) Delete
Name: SCIORTINO, JOSEPH M
Address: 2542 S PENINSULA DR
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: HALL, CAROL,
Address: 2127 S. PALMETTO AVE.
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D (X) Change ( ) Addition
Name: KAMIDE, PAUL T
Address: 201 LAFAYETTE ST
City-St-Zip: PORT ORANGE, FL 32127

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SHEEHAN, MARGARET A
Address: 3454 S PENINSULA DRIVE
City-St-Zip: PORT ORANGE, FL 32118

Title: PD (X) Change ( ) Addition
Name: VINSKI, JOSEPH W
Address: 829 KOKEMO CIRLCE
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH W. VINSKI P 01/19/2009

Electronic Signature of Signing Officer or Director — Date