

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **727714** (8)

1. Corporation Name

EPIC COMMUNITY SERVICES, INC.

Principal Place of Business

**88 RIBERIA STREET
300
ST. AUGUSTINE FL 32084
US**

Mailing Address

**88 RIBERIA STREET
300
ST. AUGUSTINE FL 32084
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
10/10/1973

3a. Date of Last Report
04/10/1995

4. FEI Number
59-1502582

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 firm if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ 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 **VD** ☐ DELETE
NAME **BROWING, JAMES E**
STREET ADDRESS **144 WILLOW POND LN**
CITY-ST-ZIP **PONTE VEDRA BCH FL**

TITLE **PD** ☐ DELETE
NAME **WHITE, DARWIN**
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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE **VICE PRESIDENT/DIRECTOR** ☒ 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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **PRESIDENT/DIRECTOR** ☒ Change ☐ Addition
3.2 NAME **BROWING, JAMES E**
3.3 STREET ADDRESS **144 WILLOW POND LN**
3.4 CITY-ST-ZIP **PONTE VEDRA BCH FL**

4.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
4.2 NAME **WHITE, DARWIN**
4.3 STREET ADDRESS **5168 MEDORAS AVE**
4.4 CITY-ST-ZIP **ST. AUGUSTINE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **SECRETARY/DIRECTOR** ☐ Change ☒ Addition
6.2 NAME **SUSAN CROYLE**
6.3 STREET ADDRESS **209 S. PONCE DELEON BLVD**
6.4 CITY-ST-ZIP **ST. AUGUSTINE FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E BROWING, PRES.

3/19/96

904-829-2273

Date

Telephone #

CR2E037 (12/95)