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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727714** (8)

1. Corporation Name

EPIC COMMUNITY SERVICES, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified 10/10/1973	3a. Date of Last Report 04/12/1996
88 RIBERIA STREET 300 ST. AUGUSTINE FL 32084 US		88 RIBERIA STREET 300 ST. AUGUSTINE FL 32084-3574 US		4. FEI Number 59-1502582	Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22. City & State	27. City & State	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
23. Zip	28. Zip	GREENOUGH PATRICIA 88 RIBERIA STREET SUITE 300 ST. AUGUSTINE FL 32084		81. Name	
24. Country	29. Country			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNING, JAMES E	3.2 NAME	
STREET ADDRESS	144 WILLOW POND LN	3.3 STREET ADDRESS	
CITY- ST- ZIP	PONTE VEDRA BCH FL	3.4 CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, DARWIN	4.2 NAME	NATHAN POLLACK
STREET ADDRESS	5168 MEDORAS AVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	ST AUGUSTINE FL	4.4 CITY- ST- ZIP	ST. AUGUSTINE, FL. 32084
TITLE	M <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	SD <input type="checkbox"/> DELETE	6.1 TITLE	VICE PRESIDENT / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROYLE, SUSAN	6.2 NAME	
STREET ADDRESS	209 S. PONCE DELEON BLVD	6.3 STREET ADDRESS	
CITY- ST- ZIP	ST AUGUSTINE FL	6.4 CITY- ST- ZIP	

14. I do 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: Patricia Greenough **Patricia Greenough** 3/18/97 904-829-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001308

CR2E037 (9/96)