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Apr 30 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727714 (8)**  
 1. Corporation Name  
**EPIC COMMUNITY SERVICES, INC.**



<b>Principal Place of Business</b> 88 RIBERIA STREET 300 ST. AUGUSTINE FL 32084 US	<b>Mailing Address</b> 88 RIBERIA STREET 300 ST. AUGUSTINE FL 32084 US
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<b>3. Date Incorporated or Qualified</b> 10/10/1973	
<b>4. FEI Number</b> 59-1502582	Applied For <input type="checkbox"/> Not Applicable

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>9. Name and Address of Current Registered Agent</b> GREENOUGH PATRICIA 88 RIBERIA STREET SUITE 300 ST. AUGUSTINE FL 32084
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<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMOLEK, GARY 4010 LEWIS SPEEDWAY #299 ST AUGUSTINE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROBINSON, WILLIAM 231 CIRCLE DRIVE EAST ST AUGUSTINE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROWNING, JAMES E 144 WILLOW POND LN PONTE VEDRA BCH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD POLLACK, NATHAN 5168 MEDORAS AVE ST AUGUSTINE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M GREENOUGH, PATRICIA 88 RIBERIA STREET SUITE 300 ST AUGUSTINE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CROYLE, SUSAN 209 S. PONCE DELEON BLVD ST AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D SMOLEK, GARY 4010 LEWIS SPEEDWAY #299 ST. AUGUSTINE FL
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	T/VP/D ROBINSON, WILLIAM 231 CIRCLE DRIVE EAST ST AUGUSTINE FL
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D BROWNING, JAMES E 144 WILLOW POND LN PONTE VEDRA BCH FL
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	PD CROYLE, SUSAN 209 S. PONCE DELEON BLVD ST AUGUSTINE FL

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: *Patricia Greenough* PATRICIA GREENOUGH 4/24/98 (204) 899-2273

CR2E037 (10/97)