



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90024 016 ****61.25

DOCUMENT # 727714 1. Entity Name EPIC COMMUNITY SERVICES, INC.					
Principal Place of Business 1400 OLD DIXIE HIGHWAY ST. AUGUSTINE, FL 32084 US			Mailing Address 1400 OLD DIXIE HIGHWAY ST. AUGUSTINE, FL 32084 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02252004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1502582		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENOUGH PATRICIA 88 RIBERIA STREET SUITE 300 ST. AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Patricia Greenough Street Address (P.O. Box Number is Not Acceptable) 1400 Old Dixie Highway City St. Augustine FL Zip Code 32084			
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.					
SIGNATURE <i>Patricia Greenough</i> Patricia Greenough 3/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, TOM 961 LEW BLVD SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANAN, PATRICK T 43 CINCINNATI STREET SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRISSEY, PATRICK 828 ANASTASIA BLVD SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, FLOYD 625 CR 13 SOUTH SAINT AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GREENOUGH, PATRICIA 1400 OLD DIXIE HIGHWAY SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, H. J. 3 VERSAGGI DR. SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TINLIN, Mary PO BOX 1027 St. Augustine, FL 32085	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bell, H. J. 3 Versaggi Dr. St. Augustine, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 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: <i>Patricia Greenough</i> Patricia Greenough 3/1/04 (904) 829-2273 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					