
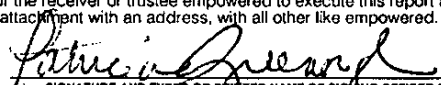


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90097 029 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	-Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREENOUGH PATRICIA 1400 OLD DIXIE HWY ST. AUGUSTINE, FL 32084				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D MORTON, TOM <input checked="" type="checkbox"/> Delete		TITLE	S RICE, DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	961 LEW BLVD		NAME	27 SEVILLA STREET	
STREET ADDRESS	SAINT AUGUSTINE, FL 32084		STREET ADDRESS	SAINT AUGUSTINE, FL 32084	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P CANAN, PATRICK T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	43 CINCINNATI STREET		NAME		
STREET ADDRESS	SAINT AUGUSTINE, FL 32084		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T MORRISSEY, PATRICK <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	828 ANASTASIA BLVD		NAME		
STREET ADDRESS	SAINT AUGUSTINE, FL 32080		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V TINILIN, MARY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PO BOX 1027		NAME		
STREET ADDRESS	SAINT AUGUSTINE, FL 32085		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	M GREENOUGH, PATRICIA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1400 OLD DIXIE HIGHWAY		NAME		
STREET ADDRESS	SAINT AUGUSTINE, FL 32084		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D BELL, H J <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3 VERSAGGI DR		NAME		
STREET ADDRESS	SAINT AUGUSTINE, FL 32084		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 3/1/05 Daytime Phone #: 828-2273		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					