

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727714

**Entity Name:** EPIC COMMUNITY SERVICES, INC.**Current Principal Place of Business:**1400 OLD DIXIE HIGHWAY  
SUITE A  
ST. AUGUSTINE, FL 32084**Current Mailing Address:**1400 OLD DIXIE HIGHWAY  
SUITE A  
ST. AUGUSTINE, FL 32084 US**FEI Number:** 59-1502582**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GREENOUGH, PATRICIA  
1400 OLD DIXIE HWY  
SUITE A  
ST. AUGUSTINE, FL 32084 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	KELLEY, SEAN
Address	904 ANASTASIA BLVD
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	T
Name	UPCHURCH, DAVID
Address	1200 PLANTATION DRIVE #210
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	CEO
Name	GREENOUGH, PATRICIA
Address	1400 OLD DIXIE HIGHWAY
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	PP
Name	MACDONALD, LORNA
Address	102 SAN MARCO AVE
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	VP
Name	HAYS, JIM
Address	741 A1A BEACH BLVD
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	S
Name	LEE, VALERIE
Address	4 CASTILLO DR
City-State-Zip:	SAINT AUGUSTINE FL 32084

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA GREENOUGH

CEO

04/09/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date