

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08684

Entity Name: EPIPHANY HOUSING, INC.**Current Principal Place of Business:**4792 S. RIDGEWOOD AVE.
PORT ORANGE, FL 32127**Current Mailing Address:**5300 W. CYPRESS STREET
SUITE 200
TAMPA, FL 33607**FEI Number:** 59-2866289**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHADWICK, JAMES M
5300 W. CYPRESS STREET
SUITE 200
TAMPA, FL 33607 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 D
Name NILLES, THERESA
Address 2812 S. PENINSULA AVENUE
City-State-Zip: DAYTONA BEACH FL 32118

Title DIRECTOR
Name GILPATRICK, DIANE
Address 878 LEMON RD
City-State-Zip: S DAYTONA FL 32119

Title VP
Name FINLEY, JERRY
Address 5973 BROKEN BOW LANE
City-State-Zip: PORT ORANGE FL 32127

Title PRESIDENT, DIRECTOR
Name PARKER, HUGH
Address 3640 DONNA STREET
City-State-Zip: PORT ORANGE FL 32129

Title DIRECTOR
Name BRUNO, FRANK
Address 4792 S. RIDGEWOOD AVE.
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR
Name MOJOCK, CHUCK
Address 4792 S. RIDGEWOOD AVE.
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR
Name SNYDER, EILEEN
Address 4792 S. RIDGEWOOD AVE.
City-State-Zip: PORT ORANGE FL 32127

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: HUGH PARKER

PRESIDENT

02/24/2021

Electronic Signature of Signing Officer/Director Detail

Date