

**2023 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:**180 FOUNTAIN PARKWAY N  
SUITE 100  
ST. PETERSBURG, FL 33716 US**FEI Number:** 59-2866289**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHADWICK, JAMES M  
180 FOUNTAIN PARKWAY N  
SUITE 100  
ST. PETERSBURG, FL 33716 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:**

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Electronic Signature of Registered Agent

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Date**Officer/Director Detail :**

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

|                 |                          |
|-----------------|--------------------------|
| Title           | DIRECTOR                 |
| Name            | NILES, THERESA           |
| Address         | 2812 S. PENINSULA AVENUE |
| City-State-Zip: | DAYTONA BEACH FL 32118   |

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

|                 |                          |
|-----------------|--------------------------|
| Title           | DIRECTOR                 |
| Name            | MOJOCK, CHUCK            |
| Address         | 4792 S. RIDGEWOOD AVENUE |
| City-State-Zip: | PORT ORANGE FL 33127     |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | SNYDER, EILEEN       |
| Address         | 4792 S. RIDGE AVENUE |
| 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:** JERRY FINLEY

PRESIDENT

04/19/2023

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Electronic Signature of Signing Officer/Director Detail

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Date