2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2014
Secretary of State
CC8065510878

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	VPD
Name	CIRCELLI, THOMAS
Address	714 LAGRANGE AVENUE
City-State-Zip:	PORT ORANGE FL 32129

Title	D
Name	GING, EVENLYN
Address	2929 WINDLE LANE
City-State-Zip:	SOUTH DAYTONA FL 32119

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

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

Title	D
Name	NILLES, THERESA
Address	2812 S. PENINSULA AVENUE
City-State-Zip:	DAYTONA BEACH FL 32118

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

Title	PD
Name	VINSKI, JOSEPH W
Address	829 KOKEMO CIRCLE
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: JOSEPH VINSKI PRESIDENT 03/13/2014

Electronic Signature of Signing Officer/Director Detail — Date