

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727714

FILED
Feb 08, 2007
Secretary of State

Entity Name: EPIC COMMUNITY SERVICES, INC.

Current Principal Place of Business:

1400 OLD DIXIE HIGHWAY
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

1400 OLD DIXIE HIGHWAY
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-1502582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENOUGH PATRICIA
1400 OLD DIXIE HWY
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: RICE, DAVID
Address: 27 SEVILLA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: CANAN, PATRICK T
Address: 43 CINCINNATI STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S () Delete
Name: MORRISSEY, PATRICK
Address: 828 ANASTASIA BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P () Delete
Name: TINILIN, MARY
Address: PO BOX 1027
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: M () Delete
Name: GREENOUGH, PATRICIA
Address: 1400 OLD DIXIE HIGHWAY
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T () Delete
Name: ABARE, WILLIAM T
Address: 1200 PLANTATION ISLAND DR, STE 230
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RICE, DAVID
Address: 27 SEVILLA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MORRISSEY, PATRICK
Address: 828 ANASTASIA BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S (X) Change () Addition
Name: SLOUGH, BEVERLY
Address: 40 ORANGE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ABARE, WILLIAM T
Address: 1200 PLANTATION ISLAND DR, STE 230
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA GREENOUGH

MD

02/08/2007

Electronic Signature of Signing Officer or Director

Date