

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90205 002 ****70.00

DOCUMENT # 727714 1. Entity Name EPIC COMMUNITY SERVICES, INC.					
Principal Place of Business 1400 OLD DIXIE HIGHWAY ST. AUGUSTINE, FL 32084 US			Mailing Address 1400 OLD DIXIE HIGHWAY ST. AUGUSTINE, FL 32084 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04282008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1502582				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENOUGH PATRICIA 1400 OLD DIXIE HWY ST. AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICE, DAVID 27 SEVILLA STREET SAINT AUGUSTINE, FL 32084	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Vandana Bhide 67 South Dixie Hwy Saint Augustine FL 32084	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANAN, PATRICK T 43 CINCINNATI STREET SAINT AUGUSTINE, FL 32084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRISSEY, PATRICK 828 ANASTASIA BLVD SAINT AUGUSTINE, FL 32080	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLOUGH, BEVERLY 40 ORANGE STREET SAINT AUGUSTINE, FL 32084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Slough, Beverly	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GREENOUGH, PATRICIA 1400 OLD DIXIE HIGHWAY SAINT AUGUSTINE, FL 32084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABARE, WILLIAM T 1200 PLANTATION ISLAND DR, STE 230 SAINT AUGUSTINE, FL 32080	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Abare, William	☒ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Patricia Greenough</i> 4/28/08 (604) 829-2223 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
PATRICIA GREENOUGH					