

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N39370**

1. Entity Name  
**THE EPIPHANY FOUNDATION, INC.**



Principal Place of Business

**310 SARASOTA STREET  
VENICE, FL 34285**

Mailing Address

**310 SARASOTA STREET  
VENICE, FL 34285**



01042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3031235**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RATZMANN, GEORGE REV  
310 SARASOTA ST  
VENICE, FL 34285**

**DO NOT WRITE  
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LYNCH, IRENE MRS  
310 SARASOTA ST.  
VENICE, FL 34285**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
NAULT, PETER S  
310 SARASOTA ST.  
VENICE, FL 34285**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
THOMPSON, MARIE  
310 SARASOTA ST  
VENICE, FL 34285**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MARTIN, DEBORAH  
310 SARASOTA ST  
VENICE, FL 34285**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
NOVACK, GREG  
310 SARASOTA ST  
VENICE, FL 34285**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TRITSCHLER, ROBERT  
310 SARASOTA ST  
VENICE, FL 34285**

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01/07/08-80014-014 61.25

**DO NOT WRITE  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #