

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39370

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE EPIPHANY FOUNDATION, INC.

Current Principal Place of Business:

310 SARASOTA STREET
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

310 SARASOTA STREET
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-3031235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COSTELLO, JOHN REV
310 SARASOTA ST
VENICE, FL 34285 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: REV. JOHN COSTELLO

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LYNCH, IRENE MRS
Address: 310 SARASOTA ST.
City-St-Zip: VENICE, FL 34285

Title: SD () Delete
Name: NAULT, PETER S
Address: 310 SARASOTA ST.
City-St-Zip: VENICE, FL 34285

Title: TD () Delete
Name: THOMPSON, MARIE
Address: 310 SARASOTA ST
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: MARTIN, DEBORAH
Address: 310 SARASOTA ST
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: NOVACK, GREG
Address: 310 SARASOTA ST
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: TRITSCHLER, ROBERT
Address: 310 SARASOTA ST
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARIE THOMPSON

TD

01/06/2009

Electronic Signature of Signing Officer or Director

Date