

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05 1997 8:00am
Secretary of State

DOCUMENT # N 95000006035

1. Corporation Name

FRIENDS OF EPIPHANY, INC.

Principal Place of Business

Mailing Address

6348 Palmas Bay Circle
Port Orange, Fl. 32127

3. Date Incorporated or Qualified

12/18/95

3a. Date of Last Report

12/18/95

2. Principal Place of Business

2a. Mailing Address

21 6348 Palmas Bay Circle

26

4. FEI Number

Applied For

X Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

□ Yes

X No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Port Orange, Florida

28

24 Zip

25 Country

29 Zip

30 Country

24 32127

25 U.S.A.

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Michael V. Biro
6348 Palmas Bay Circle
Port Orange, Fl. 32127

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Michael V. Biro

4/12/97

Signature (Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director ☐ DELETE

NAME Rev. Paul T. Kamide
STREET ADDRESS 488 Oakland Park Blvd.
CITY- ST- ZIP Port Orange, Fl. 32127

1.1 TITLE ☐ Change ☐ Addition

TITLE Director ☐ DELETE

NAME Peter A. Pericola
STREET ADDRESS 5812 Camelot Court
CITY- ST- ZIP Port Orange, Fl. 32127

2.1 TITLE ☐ Change ☐ Addition

TITLE Director ☐ DELETE

NAME Michael V. Biro
STREET ADDRESS 6348 Palmas Bay Circle
CITY- ST- ZIP Port Orange, Fl. 32127

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

7.1 TITLE ☐ Change ☐ Addition

SIGNATURE: Paul T. Kamide - Paul T. Kamide 4/12/97

904-767-7523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)

45/5/97

400002170554
-05/08/97--01003--095
***70.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.