

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90204 016 ****70.00

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DOCUMENT # 739754

1. Corporation Name

ST. JOHNS TERRACE HOMES, INC.

Principal Place of Business

2751 ST. JOHN'S AVENUE
JACKSONVILLE FL 32205

Mailing Address

2751 ST. JOHN'S AVENUE
JACKSONVILLE FL 32205



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/29/1977

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0637862

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLASHEEN, CHARLES
200 LAURA STREET
12TH FLOOR
JACKSONVILLE FL 32202

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

Signature, typed or printed 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 **PD** ☐ DELETE
NAME **HARDAKER, PAUL MRS**
STREET ADDRESS **4289 RAPALLO RAOD**
CITY-ST-ZIP **JACKSONVILLE, FL 00000 32244**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD** ☐ DELETE
NAME **GLASHEEN, MRS. CHARLES**
STREET ADDRESS **4655 APACHE AVE.**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V** ☒ DELETE
NAME **BRILL, ERIC MRS**
STREET ADDRESS **500 N.W. 23 ST**
CITY-ST-ZIP **GAINESVILLE FL 32607**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V** ☐ DELETE
NAME **TRIMBLE, MRS. JAMES**
STREET ADDRESS **4919 ORTEGA FOREST DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TD** ☒ DELETE
NAME **TOMLINSON, MRS. LAURIE W**
STREET ADDRESS **4459 IROQUOIS AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **ATD** ☒ DELETE
NAME **LOFTIN, MRS. CURTIS**
STREET ADDRESS **1840 CHALLEN AVE.**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(3)(b), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 10, 1999
Date

389-9878
Daytime Phone #

CR2E037 (1/98)