2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

**FILED**
**Mar 29, 2004 8:00 am**
**Secretary of State**
02-12-2004 90034 034 ****70.00

DOCUMENT # 739754

1. Entity Name
ST. JOHNS TERRACE HOMES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2751 ST. JOHN'S AVENUE<br>JACKSONVILLE, FL 32205 | 2751 ST. JOHN'S AVENUE<br>JACKSONVILLE, FL 32205 |

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01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-0637862
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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7. 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] Mary P. Loftin (Mary P. Loftin) ~~2/25/04~~ 2/25/04
Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when reinstating. DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | HARDAKER, PAUL MRS |
| STREET ADDRESS | 4289 RAPALLO RAOD |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000, 32244 |
| TITLE | VD |
| NAME | DAVIDSON, PAUL |
| STREET ADDRESS | 4407 ORTEGA FOREST DR |
| CITY-ST-ZIP | JACKSONVILLE, FL 32607 |
| TITLE | V |
| NAME | GLASHEEN, CHARLES |
| STREET ADDRESS | 4655 APACHE AVE |
| CITY-ST-ZIP | JACKSONVILLE, FL |
| TITLE | V |
| NAME | TRIMBLE, MRS. JAMES |
| STREET ADDRESS | 4919 ORTEGA FOREST DRIVE |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000, |
| TITLE | TD |
| NAME | LOFTIN, CURTIS MRS |
| STREET ADDRESS | 1840 CHALLEN AVE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32205 |
| TITLE | ATD |
| NAME | WILSON, HARRY MRS |
| STREET ADDRESS | 3830 BETTES CIRCLE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 |

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12. I 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 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: Mary P. Loftin Mary P. Loftin March 24, 2004 (904) 388-0148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

S. NOTES ETC.