


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # 739754 1. Entity Name ST. JOHNS TERRACE HOMES, INC.	
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Principal Place of Business 2751 ST. JOHN'S AVENUE JACKSONVILLE, FL 32205	Mailing Address 2751 ST. JOHN'S AVENUE JACKSONVILLE, FL 32205
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03022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0637862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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**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 _____ (NOTE: Registered Agent signature required when renating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

U00000330890
04/25/05-80177-005 70.00

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

**DO NOT WRITE
IN THIS SPACE**

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 4/20/05 (904) 388-0148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #