



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90403 037 \*\*\*\*70.00

<b>DOCUMENT # 739754</b> 1. Entity Name <b>ST. JOHNS TERRACE HOMES, INC.</b>					
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  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03312006    Chg-NP    CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>59-0637862</b>	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>GLASHEEN, CHARLES</b> <b>200 LAURA STREET</b> <b>12TH FLOOR</b> <b>JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDAKER, PAUL MRS 4289 RAPALLO RAOD JACKSONVILLE, FL 00000, 32244	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRUM, MRS. C. GRAY 4615 Lancelot Lane 32210 Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIDSON, PAUL 4407 ORTEGA FOREST DR JACKSONVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLASHEEN, CHARLES 4655 APACHE AVE JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Crossin, Hugh 1424 Avondale Ave. Jacksonville, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRIMBLE, MRS. JAMES 4919 ORTEGA FOREST DRIVE JACKSONVILLE, FL 00000,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOFTIN, CURTIS MRS 1840 CHALLEN AVE JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Loftin, Curtis Mrs. 2970 St. Johns Ave. #9A Jacksonville, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD WILSON, HARRY MRS 3830 BETTES CIRCLE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Mary P. Loftin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/19/06    (904) 388-0148 <small>Date    Daytime Phone #</small>	