2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# 739754

Entity Name: ST. JOHNS TERRACE HOMES, INC.

Current Principal Place of Business:

2751 ST. JOHN'S AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

2751 ST. JOHN'S AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-0637862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	STRUM, MRS. C G	
Address:	4615 LANCELOT LN	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	VD	( ) Delete
Name:	DAVIDSON, PAUL	
Address:	4407 ORTEGA FOREST DR	
City-St-Zip:	JACKSONVILLE, FL 32607	
Title:	V	( ) Delete
Name:	CROSSIN, HUGH	
Address:	1424 AVONDALE AVE	
City-St-Zip:	JACKSONVILLE, FL 32205	
Title:	V	( ) Delete
Name:	TRIMBLE, MRS. JAMES,	
Address:	4919 ORTEGA FOREST DRIVE	
City-St-Zip:	JACKSONVILLE, FL 00000,	
Title:	TR	( ) Delete
Name:	LOFTIN, CURTIS MRS	
Address:	2470 ST. JOHNS AVE #9A	
City-St-Zip:	JACKSONVILLE, FL 32205	
Title:	ATD	( ) Delete
Name:	WILSON, HARRY MRS	
Address:	3830 BETTES CIRCLE	
City-St-Zip:	JACKSONVILLE, FL 32210	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MRS. C. GRAY STRUM PRES 04/25/2007

Electronic Signature of Signing Officer or Director — Date