

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90039 022 ****61.25

DOCUMENT # 739754

1. Entity 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**

400307



04072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STRUM, MRS. C G
STREET ADDRESS 4615 LANCELOT LN
CITY - ST - ZIP JACKSONVILLE, FL 32210

TITLE VD **MRS.**
NAME DAVIDSON, PAUL
STREET ADDRESS 4407 ORTEGA FOREST DR
CITY - ST - ZIP JACKSONVILLE, FL 32607

TITLE V **MRS.**
NAME CROSSIN, HUGH
STREET ADDRESS 1424 AVONDALE AVE
CITY - ST - ZIP JACKSONVILLE, FL 32205

TITLE **S**
NAME **TRIMBLE, MRS. JAMES** *Mason, Mrs. Raymond*
STREET ADDRESS **4919 ORTEGA FOREST DRIVE** *3730 Richmond St*
CITY - ST - ZIP **JACKSONVILLE, FL 32205** *Jacksonville, Fl. 32205*

TITLE TR
NAME LOFTIN, CURTIS MRS
STREET ADDRESS 2470 ST. JOHNS AVE #9A
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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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary P. Loftin

Mary P. Loftin

4/16/08

(404) 388-0148