

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739754

FILED  
Apr 16, 2011  
Secretary of State

**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:**

2751 ST. JOHNS AVENUE  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

2751 ST. JOHN'S AVENUE  
JACKSONVILLE, FL 32205

**New Mailing Address:**

4300 YACHT CLUB ROAD  
JACKSONVILLE, FL 32210

**FEI Number:** 59-0637862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLASHEEN, CHARLES R  
4300 YACHT CLUB ROAD  
JACKSONVILLE, FL 32210 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  
Name: GLASHEEN, RUSSELL M  
Address: 4300 YACHT CLUB ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: FVP  
Name: DAVIDSON, KAK  
Address: 4407 ORTEGA FOREST DR  
City-St-Zip: JACKSONVILLE, FL 32210

Title: SVP  
Name: CROSSON, DORIS  
Address: 1424 AVONDALE AVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: RS  
Name: BEARDSLEY, HARRIET  
Address: 3814 MCGIRTS BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: TR  
Name: LOFTIN, MARY P  
Address: 2970 ST. JOHNS AVE #9A  
City-St-Zip: JACKSONVILLE, FL 32205

Title: ATR  
Name: WILSON, MARY JANE  
Address: 3830 BETTES CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

**SIGNATURE:** MARY P. LOFTIN

TR

04/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date