

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 10 AM 7:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N38831 (6)**  
1. Corporation Name  
**JAMES B. SANDERLIN FAMILY SERVICE CENTER, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**2335 22ND AVENUE S.  
ST. PETERSBURG FL 33712** **P. O. BOX 12854  
ST. PETERSBURG FL 33733  
US**

3. Date Incorporated or Qualified **06/25/1990** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-3024059** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$9.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BROWN, ROBERT L. SR.  
641 8TH ST. S.  
ST. PETERSBURG FL 33712**

10. Name and Address of New Registered Agent  
81 Name **James C. Robinson, Jr.**  
82 Street Address (P.O. Box Number is Not Acceptable) **2335 22nd Avenue South**  
83  
84 City **St. Petersburg FL** 85 Zip Code **33712**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/6/95**  
(Signature, typed or printed name of registered agent and the filer is required) (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>SANDERLIN, RAY J</b>
STREET ADDRESS	<b>2709 17TH ST., SO.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>D</b>
NAME	<b>BRITT, LOUNELL</b>
STREET ADDRESS	<b>3525 27TH AVE. S</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>D</b>
NAME	<b>WILLIAMS, CHRISTA</b>
STREET ADDRESS	<b>4851 21ST AVE., SO.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>D</b>
NAME	<b>SCARDINO, JOHN</b>
STREET ADDRESS	<b>3201 34TH ST S</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>D</b>
NAME	<b>SANDERLIN, RAYMOND, SR.</b>
STREET ADDRESS	<b>2821 48TH AVENUE SOUTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>D</b>
NAME	<b>KING, DIANA</b>
STREET ADDRESS	<b>2343 6TH AVE N</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Robinson, James C.</b>
1.3 STREET ADDRESS	<b>3236 19th Avenue South</b>
1.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33712</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **James C. Robinson, Jr.** *[Signature]* DATE: **3/6/95** (813)321-9444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type or Print)