

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N38831** (6)

1. Corporation Name

**JAMES B. SANDERLIN FAMILY SERVICE CENTER, INC.**



Principal Place of Business

Mailing Address

2335 22ND AVENUE S  
ST. PETERSBURG FL 33712

P. O. BOX 12854  
ST. PETERSBURG FL 33733  
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ROBINSON, JAMES C., JR.**  
2335 22ND AVENUE SOUTH  
ST. PETERSBURG FL 33712

3. Date Incorporated or Qualified

**06/25/1990**

3a. Date of Last Report

**04/10/1995**

4. FLE Number

**59-3024059**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*  
OFFICERS AND DIRECTORS

11. Board of Directors (Corporate Representative)

1-22-96  
(DATE)

12.

DELETE  
D  
NAME: **ROBINSON, JAMES C**  
STREET ADDRESS: **3236 19TH AVENUE SOUTH**  
CITY-STATE-ZIP: **ST. PETERSBURG FL**  
D  
NAME: **BRITT, LOUNELL**  
STREET ADDRESS: **3525 27TH AVE. S**  
CITY-STATE-ZIP: **ST. PETERSBURG FL**  
D  
NAME: **WILLIAMS, CHRISTA**  
STREET ADDRESS: **4651 21ST AVE., SO.**  
CITY-STATE-ZIP: **ST. PETERSBURG FL**  
D  
NAME: **SCARDINO, JOHN**  
STREET ADDRESS: **3201 34TH ST S**  
CITY-STATE-ZIP: **ST. PETERSBURG FL**  
D  
NAME: **SANDERLIN, RAYMOND, SR.**  
STREET ADDRESS: **2821 46TH AVENUE SOUTH**  
CITY-STATE-ZIP: **ST. PETERSBURG FL**  
D  
NAME: **KING, DIANA**  
STREET ADDRESS: **2343 6TH AVE N**  
CITY-STATE-ZIP: **ST. PETERSBURG FL**

13.

ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

Change  Addition  
11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 1-22-96 (813) 321-9944

CR2E037 (12/95)