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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

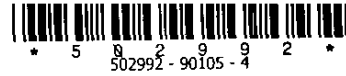
DOCUMENT # N38831

1. Corporation Name

JAMES B. SANDERLIN FAMILY SERVICE CENTER, INC.

Principal Place of Business
 2335 22ND AVENUE S.
 ST. PETERSBURG FL 33712

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/25/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3024059

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
 NAME ROBINSON, JAMES C
 STREET ADDRESS 5899 7TH ST S
 CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE D DELETE
 NAME BRITT, LOUNELL
 STREET ADDRESS 3525 27TH AVE. S
 CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE D/C Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE D DELETE
 NAME WILLIAMS, CHRISTA
 STREET ADDRESS 4651 21ST AVE., SO.
 CITY-ST-ZIP ST. PETERSBURG FL

3.1 TITLE Change Addition
 3.2 NAME GERALD JUNEVICUS
 3.3 STREET ADDRESS 4817 9th St. S.
 3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33705

TITLE S DELETE
 NAME ROBINSON, JOYCE
 STREET ADDRESS 5899 7TH ST S
 CITY-ST-ZIP ST PETERSBURG FL

4.1 TITLE Change Addition
 4.2 NAME SANDERLIN, GWENSOLYN L.
 4.3 STREET ADDRESS 2709 17th St. S.
 4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33712

TITLE D DELETE
 NAME SANDERLIN, RAYMOND, SR.
 STREET ADDRESS 2821 46TH AVENUE SOUTH
 CITY-ST-ZIP ST. PETERSBURG FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE D DELETE
 NAME KING, DIANA
 STREET ADDRESS 2343 6TH AVE N
 CITY-ST-ZIP ST. PETERSBURG FL

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JAMES C. ROBINSON, JR.

4-29-99 727-321-9444

Date

Daytime Phone #

CR2E037 (11/98)