


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N38831 1. Entity Name JAMES B. SANDERLIN FAMILY SERVICE CENTER, INC.	
---	---

Principal Place of Business 2335 22ND AVENUE S. ST. PETERSBURG, FL 33712	Mailing Address 2335 22ND AVENUE S. ST. PETERSBURG, FL 33712
--	--

**DO NOT WRITE IN THIS SPACE**



04162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3024059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDERLI, JAMES B  
2335 22ND AVENUE SOUTH  
ST. PETERSBURG, FL 33712

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

1100000158249  
05/05/04-80071-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRITT, LOUNELL 3527 27 AVENUE SOUTH ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANDERLIJN, RAYMOND 2709 17 STREET SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP KING, DIANNA 2343 6 AVENUE NORTH SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP SANDERLIN, RAYMOND 2821 46 AVE SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SANDERLIN, GWEN 2709 19 STREET SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JUNEVICUS, GERALD 4817 9 STRET SOUTH SAINT PETERSBURG, FL 33705

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lounell Britt* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_