

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38831

FILED  
Apr 11, 2005  
Secretary of State

Entity Name: JAMES B. SANDERLIN FAMILY SERVICE CENTER, INC.

**Current Principal Place of Business:**

2335 22ND AVENUE S.  
ST. PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

2335 22ND AVENUE S.  
ST. PETERSBURG, FL 33712

**New Mailing Address:**

FEI Number: 59-3024059      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SANDERLI, JAMES B  
2335 22ND AVENUE SOUTH  
ST. PETERSBURG, FL 33712      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: D      ( ) Delete  
Name: BRITT, LOUNELL  
Address: 3527 27 AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: PD      ( ) Delete  
Name: SANDERLIJN, RAYMOND  
Address: 2709 17 STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: 1VP      ( ) Delete  
Name: KING, DIANNA  
Address: 2343 6 AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: 2VP      ( ) Delete  
Name: SANDERLIN, RAYMOND  
Address: 2821 46 AVE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: SD      ( ) Delete  
Name: SANDERLIN, GWEN  
Address: 2709 19 STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: TD      ( ) Delete  
Name: JUNEVICUS, GERALD  
Address: 4817 9 STRET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: LOUNELL C BRITT

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

D

04/11/2005

\_\_\_\_\_  
Date