



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N38831 1. Entity Name JAMES B. SANDERLIN FAMILY SERVICE CENTER, INC.	
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Principal Place of Business 2335 22ND AVENUE S. ST. PETERSBURG, FL 33712	Mailing Address 2335 22ND AVENUE S. ST. PETERSBURG, FL 33712
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-NP CR2E037 (4/06)

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

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

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

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05/17/07-80027-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 titles empowered.

SIGNATURE: Lounell Britt Lounell C. Britt 4/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #