

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38831

FILED
Apr 28, 2009
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:

PO BOX 12527
ST. PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 59-3024059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: PD (X) Change () Addition
Name: DIANNA, KING
Address: 2342 6 AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: 2VP (X) Change () Addition
Name: SANDERLIN JR, RAYMOND
Address: 2709 17 STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: 1VP (X) Change () Addition
Name: SANDERLIN, RAYMOND
Address: 2821 46 AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

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 exemption stated 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 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 BRITT

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date