

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38831

**Entity Name:** JAMES B. SANDERLIN FAMILY SERVICE CENTER, INC.**Current Principal Place of Business:**2335 22ND AVENUE S.  
ST. PETERSBURG, FL 33712**Current Mailing Address:**2335 22ND AVENUE SOUTH  
ST PETERSBURG, FL 33712 US**FEI Number:** 59-3024059**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PAPICH, JOSEPH BOARD TREASURER  
221 44TH AVENUE NE  
ST. PETERSBURG, FL 33703 US*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

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name COLLINS, CELESTE  
Address 2360 12TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705

Title VP  
Name BOYD, LERRIC  
Address P O BOX 15692  
City-State-Zip: ST. PETERSBURG FL 33733

Title DIRECTOR  
Name DAVIS, CORLIESS  
Address 3680 46TH AVE S  
#340  
City-State-Zip: ST. PETERSBURG FL 33711

Title T  
Name PAPICH, JOSEPH  
Address 221 - 44TH AVE., NE  
City-State-Zip: ST PETERSBURG FL 33703

Title PRESIDENT  
Name SANDERLIN JR, RAYMOND  
Address 2597 LYNN LAKE CIRCLE SOUTH  
City-State-Zip: ST PETERSBURG FL 33712

Title SECRETARY  
Name GOING, CONNIE  
Address 5070 42ND STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR  
Name WALKER, MATT  
Address 4527 HUNTINGTON STREET NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title TR  
Name HEARD, BIANCA T  
Address 4983 CAMBRIDGE BLVD., #202  
City-State-Zip: PALM HARBOR FL 34659

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** CELESTE COLLINS**EXECUTIVE DIRECTOR****03/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TR  
Name CHAMBLISS, SHERVON  
Address 2480 QUEENEBORO AVE., SO.  
City-State-Zip: ST PETERSBURG FL 33712

Title DIRECTOR  
Name SANKAH, KWAMENA  
Address 2335 22ND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712