

2021 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**FEI Number:** 59-3024059**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THOMAS, CELESTE DR
2335 22ND AVENUE SOUTH
ST. PETERSBURG, FL 33712 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 THOMAS, CELESTE
Address 2360 12TH STREET SOUTH
City-State-Zip: ST. PETERSBURG FL 33705

Title DIRECTOR
Name SANDERLIN SR, RAYMOND
Address 2821 46TH AVE S
City-State-Zip: ST PETERSBURG FL 33712

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

Title DIRECTOR
Name GIBBONS, DEVERON
Address 1050 18TH AVE S
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 SECRETARY
Name GOING, CONNIE
Address 5070 42ND STREET SOUTH
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR
Name DAVIS, CORLIESS
Address 6508 DEBBIE LANE SOUTH
City-State-Zip: GULFPORT FL 33707

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

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 THOMAS**EXECUTIVE DIRECTOR****02/17/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date