

**2018 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: No**

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

BRITT, LOUNELL C  
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            EX D  
Name            BRITT, LOUNELL  
Address        3525 27 AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33711

Title            DIRECTOR  
Name            KING, DIANNA L  
Address        2343 6 AVENUE NORTH  
City-State-Zip: SAINT PETERSBURG FL 33713

Title            VP  
Name            FORD, JANIS  
Address        1418 23RD AVENUE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33705

Title            PRESIDENT  
Name            SEGUR, LAURALLYN  
Address        1735 BAYOU GRANDE BLVD NE  
City-State-Zip: SAINT PETERSBURG FL 33703

Title            DIRECTOR  
Name            BRUNING, CHRISTA  
Address        4651 21ST AVE S  
City-State-Zip: ST PETERSBURG FL 33712

Title            TREASURER  
Name            LENZ, KURT  
Address        7310 3RD AVE N  
City-State-Zip: ST PETERSBURG FL 33710

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

Title            DIRECTOR  
Name            SANDERLIN JR, RAYMOND  
Address        2709 17TH STREET S  
City-State-Zip: ST PETERSBURG FL 33712

**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: LOUNELL BRITT**

**EXECUTIVE DIRECTOR**

**04/04/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GIBBONS, DEVERON  
Address 1050 18TH AVE S  
City-State-Zip: ST PETERSBURG FL 33705

Title SECRETARY  
Name THOMAS, CELESTE  
Address 2360 12TH STREET S  
City-State-Zip: ST PETERSBURG FL 33705

Title DIRECTOR  
Name BRONSON, PIERCE  
Address 2335 22ND AVENUE SOUTH  
City-State-Zip: ST PETERSBURG FL 33712