

2019 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 2335 22ND AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33712

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

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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: DR. CELESTE THOMAS

EXECUTIVE DIRECTOR

02/28/2019

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 DIRECTOR
Name SMITH, NITA
Address 2335 22ND AVENUE SOUTH
City-State-Zip: ST PETERSBURG FL 33712

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

Title SECRETARY
Name LENZ, KURT
Address 7310 3RD AVENUE NORTH
City-State-Zip: ST PETERSBURG FL 33710

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