

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:

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 DIRECTOR
Name SMITH, NITA
Address 294 VALENCIA CIRCLE
City-State-Zip: ST PETERSBURG FL 33716

Title DIRECTOR
Name JOHNSON, LYNN
Address 6298 17TH STREET SOUTH
City-State-Zip: ST. PETERSBURG FL 33712

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

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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: CELESTE THOMAS

EXECUTIVE DIRECTOR

10/09/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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