

2013 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	1VP
Name	FORD, JANIS
Address	1418 23RD AVENUE SOUTH
City-State-Zip:	SAINT PETERSBURG FL 33705

Title	TD
Name	ELLIOTT, LE ANN
Address	2145 DESOTA WAY S
City-State-Zip:	SAINT PETERSBURG FL 33712

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

Title	2VP
Name	SEGUR, LAURALLYN
Address	1735 BAYOU GRANDE BLVD NE
City-State-Zip:	SAINT PETERSBURG FL 33703

Title	SD
Name	BRUNSON, GLENDA
Address	7400 21ST ST N
City-State-Zip:	SAINT PETERSBURG FL 33702

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****03/18/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date