

**2020 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 PRESIDENT  
Name SANDERLIN JR, RAYMOND  
Address 2597 LYNN LAKE CIRCLE SOUTH  
City-State-Zip: ST PETERSBURG FL 33712

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

Title VP  
Name BOYD, LERRIC  
Address P O BOX 15692  
City-State-Zip: ST. PETERSBURG FL 33733

Title DIRECTOR  
Name SANDERLIN SR, RAYMOND  
Address 2821 46TH AVE S  
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 JOHNSON, LYNN  
Address 6298 17TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

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****01/22/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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