

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N38831

1. Entity Name
JAMES B. SANDERLIN FAMILY SERVICE CENTER, INC.



Principal Place of Business
**2335 22ND AVENUE S.
ST. PETERSBURG, FL 33712**

Mailing Address
**2335 22ND AVENUE S.
ST. PETERSBURG, FL 33712**

DO NOT WRITE IN THIS SPACE



04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3024059

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANDERLI, JAMES B
2335 22ND AVENUE SOUTH
ST. PETERSBURG, FL 33712**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRITT, LOUNELL
STREET ADDRESS	3527 27 AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33712
TITLE	PD
NAME	SANDERLIJN, RAYMOND
STREET ADDRESS	2709 17 STREET SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	1VP
NAME	KING, DIANNA
STREET ADDRESS	2343 6 AVENUE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	2VP
NAME	SANDERLIN, RAYMOND
STREET ADDRESS	2821 46 AVE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	SD
NAME	SANDERLIN, GWEN
STREET ADDRESS	2709 19 STREET SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	TD
NAME	JUNEVICUS, GERALD
STREET ADDRESS	4817 9 STRET SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #