

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90040 022 \*\*\*\*61.25

**DOCUMENT # N96000005382**

1. Entity Name

**TAMPA BAY HEPATITIS AND LIVER SUPPORT GROUP, INC.**



Principal Place of Business

**220 90TH AVENUE NORTH EAST  
ST. PETERSBURG FL 33702-3248**

Mailing Address

**220 90TH AVENUE NORTH EAST  
ST. PETERSBURG FL 33702-3248**

**34031023**



**MOORE CR2E037 (11/03)**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3430615**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ZACUR, RICHARD A  
5200 CENTRAL AVE.  
ST. PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **VAUIO, DONALD L**  
STREET ADDRESS **220 90TH AVENUE NORTH EAST**  
CITY-ST-ZIP **ST. PETERSBURG FL 33702-3248**

TITLE **M** ☐ Delete  
NAME **ANDREA DALE VAUIO**  
STREET ADDRESS **220 90TH AVE NE**  
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **SD** ☐ Delete  
NAME **KANE, DANIEL**  
STREET ADDRESS **8254 GREENBRIAR RD.**  
CITY-ST-ZIP **LARGO FL 33777**

TITLE **TD** ☐ Delete  
NAME **LEE J CROOKS**  
STREET ADDRESS **9273 RUSTIC PINES BLVD**  
CITY-ST-ZIP **SEMINOLE FL 34646**

TITLE **VD** ☐ Delete  
NAME **RUNYON, CINDY**  
STREET ADDRESS **1323 KEEN RD S**  
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **M** ☐ Delete  
NAME **BARNES, DEBORAH**  
STREET ADDRESS **4550 47TH ST W APT 1707**  
CITY-ST-ZIP **BRADENTON FL 34210**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

**SIGNATURE:**

*Donald L Vauios*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-10-2004**

Date

**(727) 577-0836**

Daytime Phone #