

**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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



34051023



MOORE CR2E037 (11/03)

4. FEI Number 59-3430615				Applied For
				Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAUISO, DONALD L		NAME		
STREET ADDRESS	220 90TH AVENUE NORTH EAST		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33702-3248		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDREA DALE VAUISO		NAME		
STREET ADDRESS	220 90TH AVE NE		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33702		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KANE, DANIEL		NAME		
STREET ADDRESS	8254 GREENBRIAR RD.		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33777		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEE J CROOKS		NAME		
STREET ADDRESS	9273 RUSTIC PINES BLVD		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34646		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUNYON, CINDY		NAME		
STREET ADDRESS	1323 KEEN RD S		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33756		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNES, DEBORAH		NAME		
STREET ADDRESS	4550 47TH ST W APT 1707		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34210		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 J Vaquis **2-10-2004** **(724) 577-0836**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #