2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005382

1. Entity Name
TAMPA BAY HEPATITIS AND LIVER SUPPORT GROUP, INC.

Principal Place of Business	Mailing Address
220 90TH AVENUE NORTH EAST ST. PETERSBURG, FL 33702-3248	220 90TH AVENUE NORTH EAST ST. PETERSBURG, FL 33702-3248

DO NOT WRITE IN THIS SPACE

01042005 No Chg-NP CR2E037 (10/03)

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

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VAUISO, DONALD L
STREET ADDRESS	220 90TH AVENUE NORTH EAST
CITY-ST-ZIP	ST. PETERSBURG, FL 337023248
TITLE	M
NAME	ANDREA DALE VAUISO
STREET ADDRESS	220 90TH AVE NE
CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE	SD
NAME	KANE, DANIEL
STREET ADDRESS	8254 GREENBRIAR RD.
CITY-ST-ZIP	LARGO, FL 33777
TITLE	TD
NAME	LEE J CROOKS
STREET ADDRESS	9273 RUSTIC PINES BLVD
CITY-ST-ZIP	SEMINOLE, FL 34646
TITLE	VD
NAME	RUNYON, CINDY
STREET ADDRESS	1323 KEEN RD S
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	M
NAME	BARNES, DEBORAH
STREET ADDRESS	4550 47TH ST W APT 1707
CITY-ST-ZIP	BRADENTON, FL 34210

U00000174717
01/10/05-80022-008 61.25

DO NOT WRITE IN THIS SPACE

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.

Donald L Vauiso

SIGNATURE: Donald L Vauiso 1-5-2005 (727) 577-0836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #