

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005382

FILED
Jan 03, 2008
Secretary of State

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

Current Principal Place of Business:

5702 GULFPORT BLVD
STE#2
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

5702 GULFPORT BLVD
STE#2
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 59-3430615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARNES, DEBORAH C
Address: 5210 DEER FOREST PL
City-St-Zip: PARRISH, FL 34219

Title: VD () Delete
Name: RUNYON, CYNTHIA
Address: 1323 KEENE ROAD SOUTH
City-St-Zip: CLEARWATER, FL 33756

Title: SD () Delete
Name: SNIDER, LYNN
Address: 1227 WINDTREE BLVD
City-St-Zip: SEMINOLE, FL 33772

Title: TD () Delete
Name: DOESCHER, PHYLLIS
Address: 5716 44TH AVENUE NORTH
City-St-Zip: KENNETH CITY, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: LICATA, GORDON
Address: 1616 21ST STREET S #304
City-St-Zip: ST PETERSBURG, FL 33712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBORAH C BARNES

PD

01/03/2008

Electronic Signature of Signing Officer or Director

Date