



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

04-20-2005 90354 002 ****61.25

DOCUMENT # N04000002439			
1. Entity Name MISSION TAMPA, INC.			
Principal Place of Business 801 EAST HILLSBOROUGH AVENUE TAMPA, FL 33604		Mailing Address 801 EAST HILLSBOROUGH AVENUE TAMPA, FL 33604	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0836960		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		7. Name and Address of New Registered Agent	
WOOLDRIDGE, GARY B 801 EAST HILLSBOROUGH AVENUE TAMPA, FL 33604		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 _____ <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D BREWER, WILLIAM R <input type="checkbox"/> Delete	TITLE	Chairperson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	919 RAWLINGS CIRCLE	NAME	Cherie Pacheco
STREET ADDRESS	LUTZ, FL 335495434	STREET ADDRESS	2006 Chickwood Ct.
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33618-1502
TITLE	D DEL VALLE, EUSEBIO <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	916 E. MCBERRY STREET	NAME	Cinderita Allen
STREET ADDRESS	TAMPA, FL 336032325	STREET ADDRESS	35 Brandon Blvd. # 111
CITY-ST-ZIP		CITY-ST-ZIP	Brandon, FL 33511-5103
TITLE	D EIGHMEY, LESLIE D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7013 N. 40TH STREET	NAME	
STREET ADDRESS	TAMPA, FL 336045104	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D FLOYD, GREG D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18408 TURNING POINT DRIVE	NAME	
STREET ADDRESS	LUTZ, FL 335496040	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HUME, CATHY P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	208 W. LAMBRIGHT STREET	NAME	
STREET ADDRESS	TAMPA, FL 336046040	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D LANEY, JOEL E <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9872 TIMMONS ROAD	NAME	
STREET ADDRESS	THONOTOSASSA, FL 335923343	STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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 I am authorized 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: 		4-16-05 813-236-5757	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>		<small>Date</small>	

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