
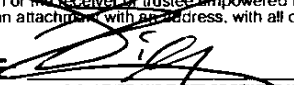


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90191 031 \*\*\*\*61.25

<b>DOCUMENT # N04000002439</b>					
1. Entity Name <b>MISSION TAMPA, INC.</b>					
Principal Place of Business <b>801 EAST HILLSBOROUGH AVENUE TAMPA, FL 33604</b>			Mailing Address <b>801 EAST HILLSBOROUGH AVENUE TAMPA, FL 33604</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0836960</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WOOLDRIDGE, GARY B 801 EAST HILLSBOROUGH AVENUE TAMPA, FL 33604</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>EIGHMEY, LESLIE D</b>		NAME		
STREET ADDRESS	<b>16802 SHEFFIELD PARK DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LUTZ, FL 33549</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FLOYD, GREG D</b>		NAME		
STREET ADDRESS	<b>18408 TURNING POINT DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LUTZ, FL 335496040</b>		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HUME, CATHY D</b>		NAME		
STREET ADDRESS	<b>208 W LAMBRIGHT STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33604</b>		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LANEY, JOEL E</b>		NAME		
STREET ADDRESS	<b>9872 TIMMONS ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>THONOTOSASSA, FL 33592</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	<b>DS LINDA LETZKUS</b>	
STREET ADDRESS			STREET ADDRESS	<b>530 Crystal Lake Rd</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Lutz, FL 33549</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 			Date <b>MARCH 13, 2007</b>		Daytime Phone # <b>813.299.6078</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					