



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90049 025 \*\*\*\*61.25

<b>DOCUMENT # N04000002439</b>					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0836960	
				Applied For <input type="checkbox"/> 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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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	EIGHMEY, LESLIE D		NAME		
STREET ADDRESS	16802 SHEFFIELD PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLOYD, GREG D		NAME		
STREET ADDRESS	18408 TURNING POINT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 335496040		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUME, CATHY D		NAME	ELDER ARTHUR L. GREEN, JR.	
STREET ADDRESS	208 W LAMBRIGHT STREET		STREET ADDRESS	13019 TERRACE SPRINGS DR.	
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP	TEMPLE TERRACE, FL 33637	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANEY, JOEL E		NAME		
STREET ADDRESS	9872 TIMMONS ROAD		STREET ADDRESS		
CITY-ST-ZIP	THONOTOSASSA, FL 33592		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LETZKUS, LINDA		NAME	JUDY A. COPPEE	
STREET ADDRESS	530 CRYSTAL LAKE RD		STREET ADDRESS	8010 N-12TH STREET	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	TAMPA, FL 33604	
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 governing 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: 			LES EIGHMEY		Date: 3/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Daytime Phone #