

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N04000002439

Entity Name: MISSION TAMPA, INC.

Current Principal Place of Business:

801 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

801 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33604

New Mailing Address:

FEI Number: 20-0836960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLDRIDGE, GARY B
801 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33604 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: DP () Delete
Name: EIGHMEY, LESLIE D
Address: 16802 SHEFFIELD PARK DRIVE
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: FLOYD, GREG D
Address: 18408 TURNING POINT DRIVE
City-St-Zip: LUTZ, FL 335496040

Title: DVP () Delete
Name: GREEN JR, ARTHUR L
Address: 13019 TERRACE SPRINGS DR
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: DT () Delete
Name: LANEY, JOEL E
Address: 9872 TIMMONS ROAD
City-St-Zip: THONOTOSASSA, FL 33592

Title: DS () Delete
Name: COPPLE, JUDY A
Address: 8010 N 12TH STREET
City-St-Zip: TAMPA, FL 33604

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COPPLE, MIKE
Address: 8010 N. 12TH ST
City-St-Zip: TAMPA, FL 33604

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

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

Title: DT (X) Change () Addition
Name: LETZKUS, LINDA
Address: 18116 US HWY 41 N.
City-St-Zip: LUTZ, FL 33549

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

Title: D () Change (X) Addition
Name: SILER-NIXON, CLAUDE
Address: 16529 FOOTHILL DR
City-St-Zip: TAMPA, FL 33624

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: GARY WOOLDRIDGE

RA

04/29/2009

Electronic Signature of Signing Officer or Director

Date