

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002439

FILED
Apr 21, 2011
Secretary of State

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: D
Name: COPPLE, MIKE
Address: 8010 N. 12TH ST
City-St-Zip: TAMPA, FL 33604

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

Title: DVP
Name: MCGEE, MARK
Address: P.O. BOX 360383
City-St-Zip: TAMPA, FL 33673

Title: DT
Name: ATCHISON, TOM
Address: 1611 E. BOUGAINVILLEA AVE.
City-St-Zip: TAMPA, FL 33612

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

Title: D
Name: WILLIAMS, EDDY
Address: 300 EAST SLIGH AVE.
City-St-Zip: TAMPA, FL 336604

I hereby 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 all other like empowered.

SIGNATURE: GARY WOOLDRIDGE

RA

04/21/2011

Electronic Signature of Signing Officer or Director

Date