

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jul 16, 2012  
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:**FLOYD, GREG REV.  
801 E. HILLSBOROUGH AVE.  
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, MICHAEL  
Address: 8010 N. 12TH ST  
City-St-Zip: TAMPA, FL 33604Title: DVP  
Name: VOTH, LIND  
Address: 930 LAKE CHARLES CIR  
City-St-Zip: LUTZ, FL 33548Title: DT  
Name: LIBBY, DELILAH  
Address: 806 SOUTH MACDILL AVE  
City-St-Zip: TAMPA, FL 33609Title: DS  
Name: COPPLE, JUDY A  
Address: 8010 N 12TH STREET  
City-St-Zip: TAMPA, FL 33604Title: 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: MICHAEL COPPLE

DIR

07/16/2012

Electronic Signature of Signing Officer or Director

Date