2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002439

Entity Name: MISSION TAMPA, INC.

Current Principal Place of Business:

801 EAST HILLSBOROUGH AVENUE

TAMPA FL 33604

Current Mailing Address:

801 EAST HILLSBOROUGH AVENUE

TAMPA FL 33604

FEI Number: 20-0836960 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLLEY, JEFF 801 E. HILLSBOROUGH AVE. TAMPA FL 33604 US

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: JEFF HOLLEY 03/13/2017

Electronic Signature of Registered Agent

Date

FILED Mar 13, 2017

Secretary of State

CC2137539535

Officer/Director Detail:

Title DIRECTOR Title CHAIRMAN HOLLEY, JEFFREY ADAMS, BRANT Name Name

Address 801 EAST HILLSBOROUGH AVENUE Address 801 EAST HILLSBOROUGH AVENUE

City-State-Zip: TAMPA FL 33604 TAMPA FL 33604 City-State-Zip:

Title **SECRETARY** Title **TREASURER** Name HOLLEY, NELDA Name MORIN, BRETT Address 5139 NASHVILLE Address 608 LIGHTSEY LANE TAMPA FL 33624 City-State-Zip: LUTZ FL 33548 City-State-Zip:

Title DIRECTOR, MISSION SMILES Title DIRECTOR, COOKS HAT Name BARLOW, KATHLEEN L. DR. LEFEVRE, PATRICA Name Address 16020 PIDDIN POND LN. Address 5306 N. NEBRASKA City-State-Zip: TAMPA FL 33618

Title DIRECTOR

City-State-Zip:

ATCHINSON, THOMAS Name 1402 E. CHILKOOT Address TAMPA FL 33612 City-State-Zip:

TAMPA FL 33604

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.

03/13/2017 SIGNATURE: JEFFREY HOLLEY DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date