

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 33604

Title: DVP
Name: VOTH, LIND
Address: 930 LAKE CHARLES CIR
City-St-Zip: LUTZ, FL 33548

Title: DT
Name: LIBBY, DELILAH
Address: 806 SOUTH MACDILL AVE
City-St-Zip: TAMPA, FL 33609

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: MICHAEL COPPLE

DIR

07/16/2012

Electronic Signature of Signing Officer or Director

Date