

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003737

Entity Name: MILES FOR MOFFITT, INC.**Current Principal Place of Business:**505 SOUTH RIVERHILLS DRIVE
TEMPLE TERRACE, FL 33617**Current Mailing Address:**505 SOUTH RIVERHILLS DRIVE
TEMPLE TERRACE, FL 33617**FEI Number:** 06-1782588**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PILCHER, ERIC J
401 E. JACKSON STREET
SUITE 3400
TAMPA, FL 33602 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	DALTON, KAREN
Address	505 S RIVERHILLS DR
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	T
Name	PILCHER, ERIC
Address	401 E. JACKSON STREET, SUITE 3400
City-State-Zip:	TAMPA FL 33602

Title	T
Name	PETERS, VICKI
Address	4609 RUE BORDEAUX
City-State-Zip:	LUTZ FL 33558

Title	VP
Name	MCCREA, RICH
Address	625 EAST TWIGGS STREET, SUITE 100
City-State-Zip:	TAMPA FL 33602

Title	S
Name	CHARLTON, SARITA
Address	16011 IVY LAKE DR
City-State-Zip:	ODESSA FL 33556

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: ERIC PILCHER**TREASURER****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date