

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49579

FILED
Apr 06, 2008
Secretary of State

Entity Name: METROPOLITAN BUSINESS ASSOCIATION INC.

Current Principal Place of Business:

PO BOX 536981
ORLANDO, FL 32853-698 US

New Principal Place of Business:

815 EMERALD LANE
ORLANDO, FL 32801 US

Current Mailing Address:

PO BOX 536981
ORLANDO, FL 32853 US

New Mailing Address:

FEI Number: 59-3518878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, DEBRA
1308 LANG AVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

BAKER-HARGROVE, DAVID
815 EMERALD LANE
ORLANDO, FL 32801 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: DAVID BAKER-HARGROVE 04/06/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BAKER-HARGROVE, DAVID A
Address: 934 N. MAGNOLIA AVE., STE. 234
City-St-Zip: ORLANDO, FL 32803

Title: TD () Delete
Name: THOMAS, MICHAEL
Address: 810 HILLCREST ST.
City-St-Zip: ORLANDO, FL 32803

Title: PD (X) Delete
Name: SIMMONS, DEBRA
Address: 1308 LANG AVE.
City-St-Zip: ORLANDO, FL 32803

Title: D (X) Delete
Name: ASBBURY, ALLISON
Address: PO BOX 536981
City-St-Zip: ORLANDO, FL 32853

Title: D (X) Delete
Name: NORDENGREN, CRAIG R
Address: 4687 CHEYENNE PT TR
City-St-Zip: KISSIMMEE, FL 34746

Title: SD (X) Delete
Name: BELL, CHARLENE
Address: 934 N MAGNOLIA AVE., SUITE 234
City-St-Zip: ORLANDO, FL 32853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BAKER-HARGROVE, DAVID A DR
Address: 815 EMERALD LANE
City-St-Zip: ORLANDO, FL 32801

Title: T (X) Change () Addition
Name: THOMAS, MICHAEL J
Address: 2005 CHAMBERLIN STREET
City-St-Zip: ORLANDO, FL 32806

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL J THOMAS T 04/06/2008
Electronic Signature of Signing Officer or Director Date