

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001091

FILED
Mar 20, 2014
Secretary of State
CC0691344401

Entity Name: METROPOLITAN ENVIRONMENTAL TRAINING ALLIANCE, INC.

Current Principal Place of Business:

3319 MAGUIRE BLVD.
SUITE 232
ORLANDO, FL 32803

Current Mailing Address:

3319 MAGUIRE BLVD.
SUITE 232
ORLANDO, FL 32803 US

FEI Number: 01-0574855

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOHAN, DANIELLE D
3319 MAGUIRE BLVD
STE 232
ORLANDO, FL 32803 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 CHAIRMAN
Name GREGORY, JANE
Address 800 MERCY DRIVE
City-State-Zip: ORLANDO FL 32803

Title VC
Name HIRTEN, JOSHUA
Address 315 EAST ROBINSON STREET
SUITE 245
City-State-Zip: ORLANDO FL 32801

Title TREASURER
Name MOHAN, DANIELLE
Address 2191 SOUTH SERVICE LANE
City-State-Zip: LAKE BUENA VISTA FL 32830

Title DIRECTOR
Name CIVIL, MARYANN
Address 2725 JUDGE FRAN JAMIESON WAY
BLDG A
City-State-Zip: VIERA FL 32940

Title SECRETARY
Name VALIN, DEBBY
Address 3319 MAGUIRE BLVD
SUITE 232
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name GARRIDO, JOSE
Address 5555 CENTER DRIVE
City-State-Zip: LAKE BUENA VISTA FL 32830

Title DIRECTOR
Name CRUZ, VANESSA
Address 800 MERCY DRIVE SUITE 4
City-State-Zip: ORLANDO FL 32808

Title DIRECTOR
Name BENTZEN, DANIELLE
Address 3319 MAGUIRE BLVD
SUITE 232
City-State-Zip: ORLANDO FL 32803

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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: DANIELLE MOHAN

TREASURER

03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WATERS, TOM
Address 1950 STATE ROAD 419
City-State-Zip: LONGWOOD FL 32750