

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001091

**FILED**  
**Apr 21, 2015**  
**Secretary of State**  
**CC5442380484**

**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 BRUNO, MARY  
Address 3909 SUMMERLIN AVENUE  
City-State-Zip: ORLANDO FL 32806

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 SECRETARY  
Name WAGUESPACK, TRACY  
Address 5100 L.B. MCLEOD ROAD  
City-State-Zip: ORLANDO FL 32811

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

Title DIRECTOR  
Name WILSON, ABBY  
Address 525 TECHNOLOGY PARK  
SUITE 181  
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR  
Name TAYLOR, ROLAND  
Address 3512 PERSEUS LOOP  
City-State-Zip: ORLANDO FL 32816

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

**Continues on page 2**

*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**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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