

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001091

**FILED**  
**Mar 20, 2018**  
**Secretary of State**  
**CC4996238522**

**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	Title	VC
Name	GREGORY, JANE	Name	GUILFOYLE, AMY
Address	3165 MCCRORY PLACE SUITE 200	Address	750 SOUTH NORTHLAKE BLVD SUITE 1012
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	TREASURER	Title	SECRETARY
Name	MOHAN, DANIELLE	Name	USECHE, VIVIANA
Address	2191 SOUTH SERVICE LANE	Address	3319 MAGUIRE BLVD SUITE 232
City-State-Zip:	LAKE BUENA VISTA FL 32830	City-State-Zip:	ORLANDO FL 32803
Title	DIRECTOR	Title	DIRECTOR
Name	EVANSON, SCOTT	Name	DANIEL, CHRISTINA
Address	34 EAST PINE STREET	Address	3319 MAGUIRE BLVD SUITE 232
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32803
Title	DIRECTOR	Title	DIRECTOR
Name	BOOTHE, DEBRA	Name	ROBINSON, BRETT
Address	2725 JUDGE FRAN JAMIESON WAY BUILDING A, ROOM 219	Address	3428 SW 15TH STREET
City-State-Zip:	VIERA FL 32940	City-State-Zip:	DEERFELD BEACH FL 33442

**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**

**03/20/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ALEXANDER, MICHAEL  
Address        5100 LB MCLEOD RD  
City-State-Zip: ORLANDO FL 32811