

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006112

**Entity Name:** METROPLEX ECONOMIC DEVELOPMENT AND ADVOCACY CORPORATION

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC5053831530**

**Current Principal Place of Business:**

5774 S. SEMORAN BLVD  
ORLANDO, FL 32822

**Current Mailing Address:**

P.O. BOX 780087  
ORLANDO, FL 32878

**FEI Number: 47-1187181**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SARRAGA, SANDRA  
5774 S. SEMORAN BLVD.  
ORLANDO, FL 32822 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 SARRAGA, SANDRA  
Address 5774 S. SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32822

Title VP  
Name SARRAGA, ALEXANDER  
Address 5774 S. SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32822

Title D  
Name WHITEHEAD, DESIREE  
Address 5774 S. SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32822

Title D  
Name SERRANO, DAVID  
Address 5774 S. SEMORAN  
City-State-Zip: ORLANDO FL 32822

Title D  
Name NEITA, LANA  
Address 5774 S. SEMORAN  
City-State-Zip: ORLANDO FL 32822

*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: SANDRA SARRAGA**

**PRESIDENT**

**04/29/2016**

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

\_\_\_\_\_  
Date