

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49579

FILED
Jan 13, 2014
Secretary of State
CC8328132648

Entity Name: METROPOLITAN BUSINESS ASSOCIATION INC.

Current Principal Place of Business:

189 S. ORANGE AVENUE
SUITE 1110S
ORLANDO, FL 32801

Current Mailing Address:

189 S. ORANGE AVENUE
SUITE 11105
ORLANDO, FL 32801 US

FEI Number: 59-3518878

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AUDEBERT, MIKAEL F
189 S. ORANGE AVENUE
SUITE 1110S
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: MIKAEL F AUDEBERT

01/13/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name AUDEBERT, MIKAEL F
Address P O BOX 536981
City-State-Zip: ORLANDO FL 32853

Title TREASURER
Name MANN, RUSSELL
Address P O BOX 536981
City-State-Zip: ORLANDO FL 32853

Title VP
Name CARRICK, NAYTE
Address PO BOX 536981
City-State-Zip: ORLANDO FL 32853

Title SD
Name ROLLINGS, ERIC
Address PO BOX 536981
City-State-Zip: ORLANDO FL 32853

Title D
Name THOMAS, MICHAEL
Address PO BOX 536981
City-State-Zip: ORLANDO FL 32853

Title D
Name HAYS, ANDREA
Address PO BOX 536981
City-State-Zip: ORLANDO FL 32853

Title DIRECTOR
Name STEPHENSON, CHRISTOPHER
Address PO BOX 536981
City-State-Zip: ORLANDO FL 32853

Title DIRECTOR
Name SUGGS, COLTE
Address PO BOX 536981
City-State-Zip: ORLANDO FL 32853

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: MIKAEL AUDEBERT

PRESIDENT

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DEEYING, MICHAEL
Address PO BOX 536981
City-State-Zip: ORLANDO FL 32853