

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49579

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** METROPOLITAN BUSINESS ASSOCIATION INC.

**Current Principal Place of Business:**

815 EMERALD LANE  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 536981  
ORLANDO, FL 32853 US

**New Mailing Address:**

**FEI Number:** 59-3518878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAKER-HARGROVE, DAVID DR.  
815 EMERALD LANE  
ORLANDO, FL 32801 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BAKER-HARGROVE, DAVID DR  
Address: 815 EMERALD LANE  
City-St-Zip: ORLANDO, FL 32801

Title: TD  
Name: PRUITT, SCOTT  
Address: PO BOX 536981  
City-St-Zip: ORLANDO, FL 32853

Title: VPD  
Name: AUDEBERT, MIKAEL  
Address: PO BOX 536981  
City-St-Zip: ORLANDO, FL 32853

Title: SD  
Name: DUNCAN, GINA  
Address: PO BOX 536981  
City-St-Zip: ORLANDO, FL 32853

Title: D  
Name: WILLIAMS, DON  
Address: PO BOX 536981  
City-St-Zip: ORLANDO, FL 32853

Title: D  
Name: HOLSTEIN, JASON  
Address: PO BOX 536981  
City-St-Zip: ORLANDO, FL 32853

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: DAVID BAKER-HARGROVE

PD

01/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date