

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001586

FILED  
Sep 24, 2009  
Secretary of State

Entity Name: BEYOND LIMITS OUTREACH PROGRAM, INC.

**Current Principal Place of Business:**

253 NE 2ND ROAD  
UNIT 101  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

305 NE 2ND DRIVE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

253 NE 2ND ROAD  
UNIT 101  
HOMESTEAD, FL 33030

**New Mailing Address:**

305 NE 2ND DRIVE  
HOMESTEAD, FL 33030

FEI Number: 26-1976357      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MALDONADO, LISSETTE  
253 NE 2ND ROAD  
UNIT 101  
HOMESTEAD, FL 33030 US

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

MALDONADO, LISSETTE  
305 NE 2ND DRIVE  
HOMESTEAD, FL 33030 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: LISSETTE MALDONADO

09/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MALDONADO, LISSETTE  
Address: 253 NE 2ND ROAD, UNIT 101  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: VPD ( ) Delete  
Name: KOSTOWIC, MICHELLE  
Address: 25404 SW 134 PLACE  
City-St-Zip: PRINCETON, FL 33032 US

Title: T ( ) Delete  
Name: KOSTOWIC, MICHELLE  
Address: 25404 SW 134 PLACE  
City-St-Zip: PRINCETON, FL 33032

Title: S ( ) Delete  
Name: GRANADO, VICTORIA  
Address: 25404 SW 134 PLACE  
City-St-Zip: PRINCETON, FL 33032

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MALDONADO, LISSETTE  
Address: 305 NE 2ND DRIVE  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CP ( ) Change (X) Addition  
Name: ELVIS, MALDONADO  
Address: 305 NE 2ND DRIVE  
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LISSETTE MALDONADO

PD

09/24/2009

Electronic Signature of Signing Officer or Director

Date