

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005166

FILED
Jan 26, 2012
Secretary of State

Entity Name: NO LIMITS ACADEMY, INC.

Current Principal Place of Business:

4450 W. EAU GALLIE BLVD., STE. 180
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

4450 W. EAU GALLIE BLVD., STE. 180
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 26-2679950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBY, DAVID H.
2111 DAIRY RD.
MELBOURNE, FL 32904 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: PTD
Name: NEVES, ROBERTA
Address: 728 PENGUIN AVE. NE
City-St-Zip: PALM BAY, FL 32907

Title: SEC
Name: SULLIVAN, LEAH ANN
Address: 410 SW WELLS AVE.
City-St-Zip: PALM BAY, FL 32908

Title: BM
Name: EVANS, PAUL PHD
Address: 4450 W EAU GALLIE BLVD SUITE 180
City-St-Zip: MELBOURNE, FL 32934 US

Title: VP
Name: FORDHAM, LEAH RN
Address: 4450 W EAU GALLIE BLVD SUITE 180
City-St-Zip: MELBOURNE, FL 32934 US

Title: TRES
Name: SULLIVAN, LEAANN
Address: 4450 W EAU GALLIE BLVD SUITE 180
City-St-Zip: MELBOURNE, FL 32934 US

Title: DIR
Name: JOSLIN, LAURA
Address: 4450 W EAU GALLIE BLVD SUITE 180
City-St-Zip: MELBOURNE, FL 32934 US

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: LAURA JOSLIN

ADMN

01/26/2012

Electronic Signature of Signing Officer or Director

_____ Date