

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005166

Entity Name: NO LIMITS ACADEMY, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 26-2679950

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JACOBY, DAVID H.
2111 DAIRY RD.
MELBOURNE, FL 32904 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 VICE-PRESIDENT, SECRETARY,
BOARD MEMBER

Name NEVES, ROBERTA

Address 4450 W EAU GALLIE BLVD
SUITE 180

City-State-Zip: MELBOURNE FL 32934

Title TREASURER, BOARD MEMBER

Name SULLIVAN, LEA ANN

Address 4450 W EAU GALLIE BLVD SUITE 180

City-State-Zip: MELBOURNE FL 32934

Title BOARD CHAIR

Name ACANFORA-RUOHOMAKI, SHERRY

Address 4450 W. EAU GALLIE BLVD., STE. 180

City-State-Zip: MELBOURNE FL 32934

Title BOARD MEMBER

Name EDWARD , ANDRE

Address 4450 W EAU GALLIE BLVD STE 180

City-State-Zip: MELBOURNE FL 32934

Title PRESIDENT, EXECUTIVE DIRECTOR,
BOARD MEMBER

Name JOSLIN, LAURA

Address 4450 W EAU GALLIE BLVD SUITE 180

City-State-Zip: MELBOURNE FL 32934

Title BOARD MEMBER

Name DUDA , JOSEPH

Address 4450 W. EAU GALLIE BLVD., STE. 180

City-State-Zip: MELBOURNE FL 32934

Title BOARD MEMBER

Name RYAN , DAVID

Address 4450 W. EAU GALLIE BLVD., STE. 180

City-State-Zip: MELBOURNE FL 32934

Title BOARD MEMBER

Name HELMINTOLLER, MATTHEW

Address 4450 W. EAU GALLIE BLVD., STE. 180

City-State-Zip: MELBOURNE FL 32934

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: MS.LAURA JOSLIN

EXECUTIVE DIRECTOR

01/27/2022

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date