

2015 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 PTD
Name NEVES, ROBERTA
Address 728 PENGUIN AVE. NE
City-State-Zip: PALM BAY FL 32907

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

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

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

Title DIR
Name JOSLIN, LAURA
Address 4450 W EAU GALLIE BLVD SUITE 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: LAURA JOSLIN

DIRECTOR

02/25/2015

Electronic Signature of Signing Officer/Director Detail

Date