

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Jan 10, 2024**

**Secretary of State**

**9398621729CC**

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 PRESIDENT, EXECUTIVE DIRECTOR,  
BOARD MEMBER

Name JOSLIN, LAURA

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 MEMBER, EMERITUS

Name DUDA , JOSEPH

Address 4450 W. EAU GALLIE BLVD., STE. 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 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:** LAURA JOSLIN

**PRESIDENT**

**01/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date