

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001868

FILED
May 01, 2008
Secretary of State

Entity Name: NO LIMIT MINISTRIES, INC.

Current Principal Place of Business:

2200 SILVER STAR
ORLANDO, FL 32804

New Principal Place of Business:

5449 S SEMORAN BLVD
17
ORLANDO, FL 32822

Current Mailing Address:

1334 ROYAL ST. GEORGE DR
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 59-3607717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

DAVIS SR, ANTHONY D DR
1334 ROYAL ST. GEORGE DRIVE
ORLANDO, FL 32828 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

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: DAVIS, SR, ANTHONY D DR
Address: 1334 ROYAL ST. GEORGE DR.
City-St-Zip: ORLANDO, FL 32828

Title: VTT () Delete
Name: DAVIS, CHARLAYNE D
Address: 1334 ROYAL ST. GEORGE DR.
City-St-Zip: ORLANDO, FL 32828

Title: ST () Delete
Name: DAVIS, RAMARR L
Address: 1334 ROYAL ST. GEORGE DR.
City-St-Zip: ORLANDO, FL 32828

Title: MT () Delete
Name: ALLEN, PAMELA
Address: 2200 SILVER STAR RD
City-St-Zip: ORLANDO, FL 32804

Title: MT () Delete
Name: CARTER, MARY
Address: 2200 SILVER STAR RD
City-St-Zip: ORLANDO, FL 32804

Title: MT () Delete
Name: DAVIS, CASSANDRA
Address: 2200 SILVER STAR RD
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: MT (X) Change () Addition
Name: VERN, KENDRICK
Address: 5449 S SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32822

Title: MT (X) Change () Addition
Name: ALLEN, PAMELA
Address: 5449 S SEMORAN BLVD #17
City-St-Zip: ORLANDO, FL 32822

Title: MT (X) Change () Addition
Name: CARTER, MARY
Address: 5449 S SEMORAN BLVD #17
City-St-Zip: ORLANDO, FL 32822

Title: MT (X) Change () Addition
Name: WELLS, MONIQUE
Address: 5449 S SEMORAN BLVD #17
City-St-Zip: ORLANDO, FL 32822

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: ANTHONY D DAVIS SR

PT

05/01/2008

Electronic Signature of Signing Officer or Director

Date