

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000005150

**FILED**  
**Oct 20, 2008**  
**Secretary of State**

**Entity Name:** NO-LIMITS INTERNATIONAL DELIVERANCE MINISTRIES INC

**Current Principal Place of Business:**

2502 NE JACKSONVILLE RD SUITE 102  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

2502 NE JACKSONVILLE RD SUITE 102  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 20-8879375      **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:**

JACKSON, WILLIE D  
6726 NW 6TH AVE  
OCALA, FL 34475      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: WILLIE D JACKSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: JACKSON, WILLIE D PASTOR  
Address: 6726 NW 6TH AVE  
City-St-Zip: Ocala, FL 34475

Title: DVP      ( ) Delete  
Name: JACKSON, TINA L  
Address: 6726 NW 6TH AVE  
City-St-Zip: Ocala, FL 34475

Title: S      ( ) Delete  
Name: CARTER, DECONESS T  
Address: 38 TEAK RUN  
City-St-Zip: Ocala, FL 34472

Title: DT      ( ) Delete  
Name: SCOUT, MYRON L  
Address: 39 CEDAR TREE DRIVE  
City-St-Zip: Ocala, FL 34472

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: TINA L JACKSON

DVP

10/20/2008

Electronic Signature of Signing Officer or Director

Date