2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N07000005150

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)**

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: _____

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: DT (X) Change ( ) Addition
Name: SCOTT, MYRON L
Address: 39 CEDAR TREE DRIVE
City-St-Zip: OCALA, FL 34472

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: MYRON SCOTT DT 04/11/2009

Electronic Signature of Signing Officer or Director — Date