

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005150

**FILED**  
**Mar 16, 2011**  
**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)**

**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  
**Name:** JACKSON, WILLIE D PASTOR  
**Address:** 6726 NW 6TH AVE  
**City-St-Zip:** Ocala, FL 34475

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

**Title:** DT  
**Name:** SCOTT, MYRON L  
**Address:** 39 CEDAR TREE DRIVE  
**City-St-Zip:** Ocala, FL 34472

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:** MYRON SCOTT

ADMI

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date