

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000001000

**FILED**  
**Jan 18, 2019**  
**Secretary of State**  
**8081309316CC**

**Entity Name:** REBEL RECOVERY FLORIDA INC

**Current Principal Place of Business:**

1310 OLD CONGRESS AVE  
SUITE 200  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

15242 SCOTTS PL  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 81-5190566

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KUNZELMAN, JUSTIN E  
15242 SCOTTS PL  
LOXAHATCHEE, FL 33470 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            CEO  
Name            KUNZELMAN, JUSTIN E  
Address        15242 SCOTTS PL  
City-State-Zip: LOXAHATCHEE FL 33470

Title            PRESIDENT  
Name            SABORA, CHAD  
Address        9963 MEADOW AVE  
City-State-Zip: ST. LOUIS MO 63125

Title            VP  
Name            RILEY, ROBERT II  
Address        7413 HAZEL AVENUE  
City-State-Zip: MAPLEWOOD MO 63143

Title            SECRETARY  
Name            ANDRAKA-CHRISTOU, BARBARA  
Address        839 JADE FOREST AVE  
City-State-Zip: ORLANDO FL 32828

Title            TREASURER  
Name            SHERMAN, ERIN  
Address        6090 YELLOW SUN DRIVE  
City-State-Zip: LANTANA FL 33462

Title            COO  
Name            MCCONNELL, NANCY  
Address        318 SOUTHWIND DRIVE  
                  29  
City-State-Zip: NORTH PALM BEACH FL

Title            DIRECTOR  
Name            ROSADO, NORINE  
Address        3012 EMBASSY DR.  
City-State-Zip: WEST PALM BEACH FL 33401

Title            DIRECTOR  
Name            STOUPAS, GEORGE  
Address        732 JACANA WAY  
City-State-Zip: NORTH PALM BEACH FL 33408

*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:** JUSTIN KUNZELMAN

**CEO**

**01/18/2019**

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

\_\_\_\_\_  
Date