

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000001000

**Entity Name:** REBEL RECOVERY FLORIDA INC

**Current Principal Place of Business:**

400 N CONGRESS AVE  
SUITE 130  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

400 N CONGRESS AVE  
STE 130  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 81-5190566

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

KUNZELMAN, JUSTIN E  
15242 SCOTTS PL  
LOXAHATCHEE, FL 33470 US

**Certificate of Status Desired:** No

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

Title            COO  
Name            MCCONNELL, NANCY  
Address        212 CHARTER WAY  
City-State-Zip: WEST PALM BEACH FL 33407

Title            PRESIDENT  
Name            PROTESTO, CHRISTIN  
Address        3931 SHERWOOD BLVD  
City-State-Zip: DELRAY BEACH FL 33445

Title            SECRETARY  
Name            ABERT, CHRISTOPHER  
Address        1414 E. GARFIELD ST  
City-State-Zip: PHOENIX AZ 85006

Title            DIRECTOR  
Name            RODRIGUEZ, CHRISTINE  
Address        6676 BLAKEMORE ST  
City-State-Zip: PHILADELPHIA PA 19119

Title            TREASURER  
Name            HERNANDEZ, JANNETTE  
Address        506 EVERGREEN DRIVE  
City-State-Zip: WEST PALM BEACH FL 33403

Title            VP  
Name            SCHLOSSER, MARC  
Address        12126 GLACIER BAY DRIVE  
City-State-Zip: BOYNTON BEACH FL 33473

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*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

04/12/2021

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CFO  
Name DORNEY, GEORGEANNE  
Address 919 NORTH FEDERAL HIGHWAY  
City-State-Zip: LAKE WORTH FL 33460