

**2022 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

**Certificate of Status Desired:** No

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

REBEL RECOVERY FLORIDA INC  
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:** GEORGEANNE DORNEY

03/26/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title            DIRECTOR  
Name            GUSTIN, GENA  
Address        3655 WHISPERING CYPRESS LN  
City-State-Zip: BOYNTON BEACH FL 33435

*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:** GEORGEANNE DORNEY

CFO

03/26/2022

Electronic Signature of Signing Officer/Director Detail

Date