

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001000

FILED
Mar 17, 2020
Secretary of State
1529289869CC

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:

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

Continues on page 2

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

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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