

**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**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	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

**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

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