

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001000

Entity Name: REBEL RECOVERY FLORIDA INC**Current Principal Place of Business:**1893 PRAIRIE RD
WEST PALM BEACH, FL 33406**Current Mailing Address:**1893 PRAIRIE RD
WEST PALM BEACH, FL 33406 US**FEI Number:** 81-5190566**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KUNZELMAN, JUSTIN E
1893 PRAIRIE RD
WEST PALM BEACH, FL 33406 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	1893 PRAIRIE RD
City-State-Zip:	WEST PALM BEACH FL 33406

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	WEISS, LUCY
Address	1801 N FLAGLER DR
City-State-Zip:	WEST PALM BEACH FL 33407

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

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

02/03/2018

Electronic Signature of Signing Officer/Director Detail_____
Date