

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000003641 (8)**

1. Corporation Name

**NORTHEAST REBELS FOOTBALL CLUB, INC.**



Principal Place of Business

**1101 NW 45 ST  
OAKLAND PARK FL 33309**

Mailing Address

**1101 NW 45 ST  
OAKLAND PARK FL 33309**

3. Date Incorporated or Qualified  
**08/09/1993**

3a. Date of Last Report  
**07/10/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**65-0479441**

Applied For  
Not Applicable

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

25

Country

29

30

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DONATO, STEVE  
1101 NW 45 ST  
OAKLAND PARK FL 33309**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **TOMKIN, RANDY**  
STREET ADDRESS **5160 NE 18TH TERR**  
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **PD** ☐ DELETE  
NAME **DONATO, STEVE**  
STREET ADDRESS **1101 NW 45 ST**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE **VPD** ☐ DELETE  
NAME **FLAUGH, STEVE**  
STREET ADDRESS **4401 NW 12 TERR**  
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **VPD** ☐ DELETE  
NAME **STEVENS, JIM**  
STREET ADDRESS **4401 NW 12 TERR**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE **S** ☐ DELETE  
NAME **STEVENS, SISSY**  
STREET ADDRESS **4490 NW 18 TERRACE**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE **T** ☒ DELETE  
NAME **CATRON, JEFFERY**  
STREET ADDRESS **5640 NE 7 TERR**  
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **Sherry Flaugh**  
6.3 STREET ADDRESS **5229 B-2 W. Dixie Hwy**  
6.4 CITY-ST-ZIP **Oakland Pk, Fla. 33334**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/196 305 491-2941  
Date Daytime Phone #

CR2E037 (12/95)