

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90007 020 ****70.00

0039481

DOCUMENT # N93000003641

1. Corporation Name

NORTHEAST REBELS FOOTBALL CLUB, INC.

Principal Place of Business

5201 NE 1ST AVENUE
FT LAUDERDALE FL 33334
US

Mailing Address

5201 NE 1ST AVENUE
FT LAUDERDALE FL 33334
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/09/1993

4. FEI Number

65-0479441

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JAMES, DONALD
3560 S W 3RD STREET
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

6/16/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
JAMES, DONALD
STREET ADDRESS **3560 S W 3RD STREET**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE ☐ DELETE

NAME **FVPD**
STEVENS, JIM
STREET ADDRESS **4401 NW 12TH TERRACE**
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE ☐ DELETE

NAME **SVPD**
GASPERIC, DEBORAH
STREET ADDRESS **4891 N E 2ND AVENUE**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE ☒ DELETE

NAME **TVPD**
GASPERIC, MARLON
STREET ADDRESS **4891 NE 2ND AVENUE**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE ☒ DELETE

NAME **S**
STOKES, BARBARA
STREET ADDRESS **5201 N E 1ST AVENUE**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE ☐ DELETE

NAME **T**
GUY, STACY
STREET ADDRESS **5456 NE 2ND AVENUE**
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

TVPD
TONY GROVER
1061 NE 23 TERR., APT. 5
FT. LAUDERDALE, FL. 33662

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

S
AVIS MCCOY
5700 NE 19th Terr
FT. Land FL. 33308

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Donald James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/16/99 (954) **493-6844**

CR2E037 (11/98)