

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003641

FILED
Jan 07, 2004
Secretary of State

Entity Name: NORTHEAST REBELS FOOTBALL CLUB, INC.

Current Principal Place of Business:

4891 NE 2ND AVE
FT LAUDERDALE, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

1020 SE 9TH AVE.
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 65-0479441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROVER, TONY
1061 NE 23 TERRACE, APT 5
FORT LAUDERDALE, FL 33062 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: FVPD () Delete
Name: FRANK, GUY
Address: 5456 NE 2ND AVE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: SVPD () Delete
Name: STOKES, BARBARA
Address: 4201 NE 1ST AVE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: S () Delete
Name: PEREZ, NANCY
Address: 30 NE 57 STREET
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: PD () Delete
Name: GROVER, TONY
Address: 1061 NE 23 TERR APT 5
City-St-Zip: FT LAUDERDALE, FL 33062

Title: T () Delete
Name: MITCHELL, CAROL
Address: 1020 SE 9TH AVE.
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GUY, STACY
Address: 4201 NE 1ST AVE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: CAROL A. MITCHELL

T

01/07/2004

Electronic Signature of Signing Officer or Director

Date