# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 19, 2006**
**Secretary of State**

DOCUMENT# N93000003641

**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:**

DETWEILER, DAVID P
1040 SE 9TH AVENUE
POMPANO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

MITCHELL, CAROL
1020 SE 9TH AVENUE
POMPANO BEACH, FL 33060 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: CAROL MITCHELL 01/19/2006
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: FVPD ( ) Delete
Name: CHEVY, JOE
Address: 551 BAHAMA LANE
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: GUY, STACY
Address: 4201 NE 1ST AVE
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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 MITCHELL T 01/19/2006
Electronic Signature of Signing Officer or Director Date