

DOCUMENT # N99000005744

1. Entity Name

H.O.P.E. WILDLIFE REHABILITATION INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90038 028 \*\*\*\*61.25

Principal Place of Business 10175 N FISHBOWL DR HOMOSASSA FL 33487	Mailing Address P O BOX 203 HOMOSASSA FL 34487-0203
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3618596</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHREVE, STACEY 10175 N FISHBOWL DR HOMOSASSA FL 33487		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<del>P/C</del> Stacey Shreve 10175 Fishbowl Dr. HomoSassa, FL. 34487	
		VD Lisa Maglio 4385 S. Charles Albert Pt. HomoSassa, FL 34448	
		TD meredith Brechtel 2232 Hwy. 44 West Inverness, FL 34453	
		SD Helen Van de Walker 5519 W. Conestoga Dr Beverly Hills FL 34465-2044	
		<del>TD</del> Joseph Maglio 4385 S. Charles Albert Pt. HomoSassa, FL 34448	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an officers, with all other like empowered.

SIGNATURE: Helen Van de Walker **REQUIRE** Secretary 4-11-00 (352) 527-3481  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (9/99)