


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90002 002 ****61.25

DOCUMENT # N99000005744					
1. Entity Name H.O.P.E. WILDLIFE REHABILITATION INC.					
Principal Place of Business 5519 W CONESTOGA DR BEVERLY HILLS, FL 34465			Mailing Address P O BOX 203 HOMOSASSA, FL 34487		
2. Principal Place of Business 8400 N. LAZY TR. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04022004 Chg-NP CR2E037 (10/03)	
City & State CRYSTAL RIVER, FL		City & State		4. FEI Number 59-3618596	
Zip 34428		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent VAN DE WALKER, HELEN 5519 W CONESTOGA DR BEVERLY HILLS, FL 34465				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VAN DE WALKER, HELEN 5519 W CONESTOGA DR BEVERLY HILLS, FL 34465			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHREVE, STACEY 1949 S MELANIE DR HOMOSASSA, FL 34448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Clemens, Gwen 6535 S. Palmer Ave. HOMOSASSA, FL 34446 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VAN DE WALKER, HELEN 5519 W CONESTOGA DR BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Shreve, Stacey 1949 S. melanie Dr. HOMOSASSA, FL 34448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAGLIO, JOSEPH 4385 S CHARLES ALBERT PT HOMOSASSA, FL 34448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S White, Jamie 8400 N. Lazy Tr. Crystal River, FL 34428 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD MAGLIO, JOSEPH 4385 S CHARLES ALBERT PT HOMOSASSA, FL 34448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Van de Walker, Helen 5519 W. Conestoga Dr. Beverly Hills, FL 34465-2044 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, JUDY 3495 RACKLEY RD. BROCKSVILLE, FL 34604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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 address with all other like empowered.					
SIGNATURE: _____			4-2-04 352-527-3481		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		