

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N99000005744

Entity Name: H.O.P.E. WILDLIFE REHABILITATION INC.

Current Principal Place of Business:

8400 N. LAZY TRAIL
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

Current Mailing Address:

P O BOX 203
HOMOSASSA, FL 34487

New Mailing Address:

FEI Number: 59-3618596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VAN DE WALKER, HELEN
5519 W CONESTOGA DR
BEVERLY HILLS, FL 34465 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: P () Delete
Name: CLEMENS, GWEN
Address: 6535 S. PALMER AVE.
City-St-Zip: HOMOSASSA, FL 34446

Title: V (X) Delete
Name: SHREVE, STACEY
Address: 1949 S. MELANIE DR.
City-St-Zip: HOMOSASSA, FL 34448

Title: S () Delete
Name: WHITE, JAMIE
Address: 8400 N. LAZY TRAIL
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: T () Delete
Name: VAN DE WALKER, HELEN
Address: 5519 W. CONESTOGA D.R
City-St-Zip: BEVERLY HILLS, FL 344652044

Title: D (X) Delete
Name: SCHWARTZ, JUDY
Address: 3495 RACKLEY RD.
City-St-Zip: BROCKSVILLE, FL 34604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: WHITE, JAMIE
Address: 8400 N. LAZY TRAIL
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: S/T (X) Change () Addition
Name: VAN DE WALKER, HELEN
Address: 5519 W. CONESTOGA D.R
City-St-Zip: BEVERLY HILLS, FL 344652044

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: HELEN VAN DE WALKER

S/T

05/02/2005

Electronic Signature of Signing Officer or Director

_____ Date