

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005744

FILED
Mar 21, 2011
Secretary of State

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

Current Principal Place of Business:

9297 N KATHLEEN TER
DUNNELLON, FL 34433 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 234
CRYSTAL RIVER, FL 34423 US

New Mailing Address:

FEI Number: 59-3618596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, MICHELE A
9297 N KATHLEEN TER
DUNNELLON, FL 34433 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
Name: KLINE, MICHELE A
Address: 9297 N. KATHLEEN TR.
City-St-Zip: DUNNELLON, FL 34433 US

Title: S
Name: TEDRICK, HEATHER K
Address: 4529 SE 130TH ST
City-St-Zip: BELLEVIEW, FL 34420 US

Title: T
Name: SMITH, MARY ANN
Address: 4818 N VALLEY TER
City-St-Zip: BEVERLY HILLS, FL 344658445 US

I hereby 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 all other like empowered.

SIGNATURE: MARYANN SMITH

TREA

03/21/2011

Electronic Signature of Signing Officer or Director

Date