

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90067 042 ****61.25

DOCUMENT # N99000005744

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



Principal Place of Business
~~6495 W. CRAFT LN~~
HOMOSASSA FL 34448

Mailing Address
P O BOX 209
HOMOSASSA FL 34487

2. Principal Place of Business
5519 W. Conestoga Dr

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Beverly Hills, FL

Zip Country
34465-2044 USA

City & State
Zip Country

4. FEI Number **59-3618596**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~BRECHTEL, MEREDITH~~
~~2232 HWY 44 W.~~
~~INVERNESS FL 34453~~

7. Name and Address of New Registered Agent

Name **Helen Van de Walker**

Street Address (P.O. Box Number is Not Acceptable)

5519 W. Conestoga Dr

City **Beverly Hills** State **FL** Zip Code **34465**

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 *[Signature]* **Helen Van de Walker** **2-27-03**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD	<input checked="" type="checkbox"/> Delete
NAME	MAGLIO, LISA	
STREET ADDRESS	4385 S CHARLES ALBERT PT	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	BRECHTEL, MEREDITH	
STREET ADDRESS	2232 HWY 44TH W	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VAN DE WALKER, HELEN	
STREET ADDRESS	5519 W CONESTOGA DR	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	DD	<input type="checkbox"/> Delete
NAME	MAGLIO, JOSEPH	
STREET ADDRESS	4385 S CHARLES ALBERT PT	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, JUDY	
STREET ADDRESS	3495 RACKLEY RD.	
CITY-ST-ZIP	BROCKSVILLE FL 34604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stacey Shreve	
STREET ADDRESS	1949 S. Melanie Dr	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Van de Walker	
STREET ADDRESS	5519 W. Conestoga Dr	
CITY-ST-ZIP	Beverly Hills, FL 34465-2044	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Maglio	
STREET ADDRESS	4385 S. Charles Albert Pt.	
CITY-ST-ZIP	HOMOSASSA, FL 34448	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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: *[Signature]* **REQUIRED**

2-28-03 352-527-3181

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CR2E037 (10/02)