# 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.

TREASURER

#### SIGNATURE: MARYANN SMITH

Electronic Signature of Signing Officer/Director Detail

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:

**Officer/Director Detail :** Title Ρ Title S KLINE, MICHELE A Name TEDRICK, HEATHER K Name 9297 N. KATHLEEN TR. Address 4529 SE 130TH ST Address City-State-Zip: BELLEVIEW FL 34420 City-State-Zip: DUNNELLON FL 34433 Title Т SMITH, MARY ANN Name Address 4818 N VALLEY TER City-State-Zip: BEVERLY HILLS FL 34465-8445

## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005744

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

#### **Current Principal Place of Business:**

9297 N KATHLEEN TER DUNNELLON, FL 34433

#### **Current Mailing Address:**

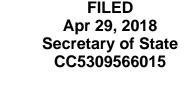
P.O. BOX 234 CRYSTAL RIVER, FL 34423 US

### FEI Number: 59-3618596

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

KLINE, MICHELE A 9297 N KATHLEEN TER DUNNELLON, FL 34433 US



Certificate of Status Desired: No

04/29/2018

Date

Date