

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005744

**FILED  
Apr 05, 2021  
Secretary of State  
5151628255CC**

**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

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title	P	Title	S
Name	KLINE, MICHELE A	Name	TEDRICK, HEATHER K
Address	9297 N. KATHLEEN TR.	Address	10262 EAST HIGHWAY 316
City-State-Zip:	DUNNELLON FL 34433	City-State-Zip:	FT. MCCOY FL 32134

Title	T
Name	WILL, KIM L.
Address	8350 NORTH PINEHAVEN POINT
City-State-Zip:	CRYSTAL RIVER FL 34428

*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:** MICHELE A KLINE

**PRESIDENT**

**04/05/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date