

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005744

**FILED**  
**Jan 31, 2024**  
**Secretary of State**  
**7304653772CC**

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

**Current Principal Place of Business:**

9875 WEST POMEGRANATE  
CRYSTAL RIVER, FL 34428

**Current Mailing Address:**

9875 WEST POMEGRANATE  
CRYSTAL RIVER, FL 34428 US

**FEI Number:** 59-3618596

**Certificate of Status Desired:** No

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

LEVINS, KIM  
9875 WEST POMEGRANATE  
DUNNELLON, FL 34428 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:** KIM LEVINS

01/31/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LEVINS, KIM  
Address P.O. BOX 234  
City-State-Zip: CRYSTAL RIVER FL 34423

Title VP  
Name GLOVER, MELISSA E  
Address 10272 WEST LIMERICK LANE  
City-State-Zip: CRYSTAL RIVER FL 34428

Title T  
Name OESTERLE, RALPH  
Address 10272 WEST LIMERICK LANE  
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:** KIM LEVINS

**PRESIDENT**

01/31/2024

Electronic Signature of Signing Officer/Director Detail

Date