

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005744

**FILED
Apr 28, 2015
Secretary of State
CC6668089582**

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	4529 SE 130TH ST
City-State-Zip:	DUNNELLON FL 34433	City-State-Zip:	BELLEVIEW FL 34420

Title	T
Name	SMITH, MARY ANN
Address	4818 N VALLEY TER
City-State-Zip:	BEVERLY HILLS FL 34465-8445

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

TREAS

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date