

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005744

FILED  
May 02, 2005  
Secretary of State

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

## Current Principal Place of Business:

8400 N. LAZY TRAIL  
CRYSTAL RIVER, FL 34428

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 203  
HOMOSASSA, FL 34487

## New Mailing Address:

FEI Number: 59-3618596      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

VAN DE WALKER, HELEN  
5519 W CONESTOGA DR  
BEVERLY HILLS, FL 34465      US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CLEMENS, GWEN  
Address: 6535 S. PALMER AVE.  
City-St-Zip: HOMOSASSA, FL 34446

Title: V (X) Delete  
Name: SHREVE, STACEY  
Address: 1949 S. MELANIE DR.  
City-St-Zip: HOMOSASSA, FL 34448

Title: S ( ) Delete  
Name: WHITE, JAMIE  
Address: 8400 N. LAZY TRAIL  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: T ( ) Delete  
Name: VAN DE WALKER, HELEN  
Address: 5519 W. CONESTOGA D.R  
City-St-Zip: BEVERLY HILLS, FL 344652044

Title: D (X) Delete  
Name: SCHWARTZ, JUDY  
Address: 3495 RACKLEY RD.  
City-St-Zip: BROCKSVILLE, FL 34604

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WHITE, JAMIE  
Address: 8400 N. LAZY TRAIL  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: S/T (X) Change ( ) Addition  
Name: VAN DE WALKER, HELEN  
Address: 5519 W. CONESTOGA D.R  
City-St-Zip: BEVERLY HILLS, FL 344652044

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HELEN VAN DE WALKER

S/T

05/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date