

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000005744

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



Principal Place of Business
5519 W. CONESTOGA ST.
BEVERLY HILLS, FL 34465 US

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



04242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3618596

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN DE WALKER, HELEN
5519 W CONESTOGA ST.
BEVERLY HILLS, FL 34465

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KLINE, MICHELE
STREET ADDRESS	9297 N. KATHLEEN TR.
CITY-ST-ZIP	DUNNELLON, FL 34433
TITLE	S
NAME	WHITE, JAMIE
STREET ADDRESS	8400 N. LAZY TRAIL
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	T
NAME	VAN DE WALKER, HELEN
STREET ADDRESS	5519 W. CONESTOGA DR.
CITY-ST-ZIP	BEVERLY HILLS, FL 344652044
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/08-80033-020 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-08

Date

352-527-3481

Daytime Phone #