

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005744

FILED  
Apr 11, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5519 W. CONESTOGA ST.  
BEVERLY HILLS, FL 34465 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

FEI Number: 59-3618596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VAN DE WALKER, HELEN  
5519 W CONESTOGA ST.  
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: KLINE, MICHELE  
Address: 9297 N. KATHLEEN TR.  
City-St-Zip: DUNNELLON, FL 34433 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

T

04/11/2009

Electronic Signature of Signing Officer or Director

Date