

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006908

FILED
Feb 14, 2012
Secretary of State

Entity Name: HOOVES,PAWS & CLAWS ANIMAL RESCUE, INC.

Current Principal Place of Business:

3441 NW 21ST STREET
COCONUT CREEK, FL 33066

New Principal Place of Business:

Current Mailing Address:

3441 NW 21ST STREET
COCONUT CREEK, FL 33066

New Mailing Address:

FEI Number: 27-3223075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZVI RAFILOVICH, CPA, P.A.
2229 SHERIDAN STREET
HOLLYWOOD, FL 33020 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
Name: CLAWSON, CHRISTINE
Address: 3441 NW 21ST STREET
City-St-Zip: COCONUT CREEK, FL 33066

Title: VPD
Name: CLAWSON, MICHELLE R
Address: 11549 SW 51ST COURT
City-St-Zip: COOPER CITY, FL 33304

Title: D
Name: RAFILOVICH, ZVI
Address: 2229 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D
Name: CLAWSON, MICHELLE R
Address: 11549 SW 51ST COURT
City-St-Zip: COOPER CITY, FL 33304

Title: D
Name: CLAWSON, CHRISTINE
Address: 3441 NW 21ST STREET
City-St-Zip: COCONUT CREEK, FL 33066

Title: D
Name: CLAWSON, PATRICIA
Address: 3887 TREE TOP DRIVE
City-St-Zip: WESTON, FL 33332

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: CHRISTINE CLAWSON

DIRE

02/14/2012

Electronic Signature of Signing Officer or Director

Date