

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006908

**Entity Name:** HOOVES,PAWS & CLAWS ANIMAL RESCUE, INC.**Current Principal Place of Business:**3761 DELLWOOD BLVD  
LOXAHATCHEE, FL 33470**Current Mailing Address:**3761 DELLWOOD BLVD  
LOXAHATCHEE, FL 33470 US**FEI Number: 27-3223075****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ZVI RAFILOVICH, CPA, P.A.  
490 SAWGRASS CORP. PKWY, STE 200  
SUNRISE, FL 33325 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                    |
| Name            | CLAWSON, CHRISTINE   |
| Address         | 3761 DELLWOOD BLVD   |
| City-State-Zip: | LOXAHATCHEE FL 33470 |

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

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

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

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | CLAWSON, CHRISTINE   |
| Address         | 3761 DELLWOOD BLVD   |
| City-State-Zip: | LOXAHATCHEE FL 33470 |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | CLAWSON, PATRICIA   |
| Address         | 3887 TREE TOP DRIVE |
| City-State-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: CLAWSON , CHRISTINE****P****04/25/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date