

2024 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:**CLAWSON, CHRISTINE ANNE
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:** CHRISTINE CLAWSON

02/09/2024

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: CHRISTINE CLAWSON**DIRECTOR**

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date