

**2021 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.  
2229 SHERIDAN STREET  
HOLLYWOOD, FL 33020 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: CHRISTINE ANNE CLAWSON****DIRECTOR****02/03/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date