

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000007824

**Entity Name:** HANDS HELPING PAWS RESCUE, INC.

**Current Principal Place of Business:**

53 W. BAY BLVD.S.  
LAKE WALES, FL 33859

**Current Mailing Address:**

53 W. BAY BLVD.S.  
LAKE WALES, FL 33859 US

**FEI Number:** 47-4703775

**Certificate of Status Desired:** No

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

RIPLEY, CAROLYN A  
53 W. BAY BLVD.S.  
LAKE WALES, FL 33859 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 D  
Name RIPLEY, CAROLYN A  
Address 53 W. BAY BLVD.S.  
City-State-Zip: LAKE WALES FL 33859

Title D  
Name RIPLEY, LEO  
Address 2625 BLUE BREAM DR.  
City-State-Zip: LAKE WALES FL 33898

Title D  
Name LEONARD, JUSTINA  
Address 2625 BLUE BREAM DR.  
City-State-Zip: LAKE WALES FL 33898

Title D  
Name PIKE CARTER, SUSAN  
Address 251 HART RD  
City-State-Zip: DAVENPORT FL 33837

*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:** CAROLYN RIPLEY ERICKSON

**DIRECTOR**

**03/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date