

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000012133

FILED
Mar 27, 2012
Secretary of State

Entity Name: GOLDEN HANDS CDC, INC.

Current Principal Place of Business:

215 W. JEFFERSON ST.
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

P O BOX 1230
QUINCY, FL 32353

New Mailing Address:

FEI Number: 27-1529883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLARKE, QUANTARA
215 W. JEFFERSON ST.
QUINCY, FL 32352 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: CLARKE, QUANTARA
Address: 215 W. JEFFERSON ST.
City-St-Zip: QUINCY, FL 32352

Title: S
Name: MARTIN, NEESHA
Address: 325 RIVER OAKS DRIVE
City-St-Zip: BAINBRIDGE, GA 39817

Title: V
Name: CLARKE, SHARI
Address: 178 ARNOLD ROAD
City-St-Zip: BAINBRIDGE, GA 39819

Title: D
Name: BREWINGTON, MARY
Address: 1619 ATTAPULGUS FACEVILLE HWY
City-St-Zip: BAINBRIDGE, GA 39819

Title: D
Name: PHILLIPS, DOROTHY
Address: 178 ARNOLD ROAD
City-St-Zip: BAINBRIDGE, GA 39819

Title: D
Name: PERKINS, DARQUITA
Address: 802 JAMES STREET
City-St-Zip: BAINBRIDGE, GA 39817

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: QUANTARA CLARKE

CEO

03/27/2012

Electronic Signature of Signing Officer or Director

Date