

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000012133

Entity Name: GOLDEN HANDS CDC, INC.**Current Principal Place of Business:**215 W. JEFFERSON ST.
QUINCY, FL 32351**Current Mailing Address:**P O BOX 1230
QUINCY, FL 32353**FEI Number:** 27-1529883**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CLARKE, QUANTARA
215 W. JEFFERSON ST.
QUINCY, FL 32352 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	CLARKE, QUANTARA
Address	215 W. JEFFERSON ST.
City-State-Zip:	QUINCY FL 32352

Title	S
Name	MARTIN, NEESHA
Address	215 W. JEFFERSON ST.
City-State-Zip:	QUINCY FL 32351

Title	V
Name	CLARKE, SHARI
Address	215 W. JEFFERSON ST.
City-State-Zip:	QUINCY FL 32351

Title	D
Name	CHIVERS, CARLOS
Address	215 W. JEFFERSON ST.
City-State-Zip:	QUINCY FL 32351

Title	D
Name	PHILLIPS, DOROTHY
Address	215 W. JEFFERSON ST.
City-State-Zip:	QUINCY FL 32351

Title	D
Name	BUTLER, RUTHIE
Address	215 W. JEFFERSON ST.
City-State-Zip:	QUINCY FL 32351

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 L CLARKE**DIRECTOR / OWNER****06/04/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date