

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000012133

Entity Name: GOLDEN HANDS CDC, INC.**Current Principal Place of Business:**579 RUSTLING PINES BLVD
SUITE D
MIDWAY, FL 32343**Current Mailing Address:**PO BOX 734
MIDWAY, FL 32342 US**FEI Number:** 27-1529883**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CLARKE, QUANTARA
579 RUSTLING PINES BLVD
SUITE D
MIDWAY, FL 32343 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, CEO
Name	CLARKE, QUANTARA
Address	PO BOX 734
City-State-Zip:	MIDWAY FL 32342

Title	S
Name	MARTIN, NEESHA
Address	PO BOX 734
City-State-Zip:	MIDWAY FL 32342

Title	V, COO
Name	CLARKE, SHARI
Address	PO BOX 734
City-State-Zip:	MIDWAY FL 32342

Title	D
Name	CHIVERS, CARLOS
Address	PO BOX 734
City-State-Zip:	MIDWAY FL 32342

Title	DIRECTOR
Name	GREEN, CHARLES
Address	PO BOX 734
City-State-Zip:	MIDWAY FL 32342

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

04/24/2023

Electronic Signature of Signing Officer/Director Detail_____
Date