

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000005793

**Entity Name:** IRIQUE'S SAFE HANDS FOUNDATION, INC.

**Current Principal Place of Business:**

4132 FRED GEORGE RD  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

4132 FRED GEORGE RD  
TALLAHASSEE, FL 32303 US

**FEI Number: 88-2037868**

**Certificate of Status Desired: No**

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

WILLIAMS, LILLIAN  
4132 FRED GEORGE RD  
TALLAHASSEE, FL 32303 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 WILLIAMS, LILLIAN  
Address 1001 OCALA RD, APT 138 C  
City-State-Zip: TALLAHASSEE FL 32304

Title T  
Name LIZANA, CLARINE  
Address 4132 FRED GEORGE RD  
City-State-Zip: TALLAHASSEE FL 32303

Title S  
Name LIZANA, DAMIEN  
Address 4132 FRED GEORGE RD  
City-State-Zip: TALLAHASSEE FL 32303

*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: LILLIAN WILLIAMS**

**PRINCIPAL**

**01/27/2023**

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

\_\_\_\_\_  
Date