

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000003540

**Entity Name:** ACAHAND FOUNDATION, INC.

**Current Principal Place of Business:**

C/O FOUNDATION SOURCE, 501 SILVERSIDE RD  
STE 123  
WILMINGTON, DE 19809

**Current Mailing Address:**

C/O FOUNDATION SOURCE, 501 SILVERSIDE RD  
STE 123  
WILMINGTON, DE 19809 US

**FEI Number:** 83-3070019

**Certificate of Status Desired:** No

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

MOSCRIP, SCOTT  
5353 ISLEWORTH CC DR.  
WINDERMERE, FL 34786 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           DIRECTOR, PRESIDENT  
Name           MOSCRIP, SCOTT  
Address        2350 E. ARBOR LN  
                  #171124  
City-State-Zip: SALT LAKE CITY UT 84117

Title           DIRECTOR  
Name           MOSCRIP, CARMEN  
Address        P.O. BOX 8637  
City-State-Zip: MIDVALE UT 84047

Title           SECRETARY, TREASURER,  
                  DIRECTOR  
Name           HARRIS, STEVEN  
Address        2350 E ARBOR LN, UNIT 171124  
City-State-Zip: SALT LAKE CITY UT 84117

*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:** SCOTT MOSCRIP

**PRESIDENT**

**01/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date