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.

PRESIDENT

SIGNATURE: MR. SCOTT MOSCRIP

Electronic Signature of Signing Officer/Director Detail

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# F22000003540

Entity Name: ACAHAND FOUNDATION, INC.

Current Principal Place of Business:

501 S SILVERSIDE, STE 123 C/O FOUNDATION SOURCE PHILANTHROPIC SERVICES INC. WILMINGTON, DE 19809

Current Mailing Address:

C/O FOUNDATION SOURCE 501 SILVERSIDE RD STE123 WILMINGTON, DE 19809 US

FEI Number: 83-3070019

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

Officer/Director Detail :

Title	DP	Title	D
Name	MOSCRIP, SCOTT	Name	MOSCRIP, CARMEN
Address	#171124	Address	P.O. BOX 8637
City-State-Zip:		City-State-Zip:	MIDVALE UT 84047
Title	SECRETARY, TREASURER		
Name	HARRIS, STEVEN		
Address	2350 E ARBOR LN, UNIT 171124		
City-State-Zip:	SALT LAKE CITY UT 84117		

FILED May 01, 2023 Secretary of State 5322494439CC

Certificate of Status Desired: No

05/01/2023

Date

Date