

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000009905

Entity Name: AMERIHAND, INC.**Current Principal Place of Business:**3305 SW 6TH AVE
CAPE CORAL, FL 33914**Current Mailing Address:**3305 SW 6TH AVE
CAPE CORAL, FL 33914**FEI Number:** 30-0830521**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS, DOUGLAS
3305 SW 6TH AVE
CAPE CORAL, FL 33914 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	CHARIMAN
Name	ROSS, DOUGLAS G
Address	3305 SW 6TH AVE
City-State-Zip:	CAPE CORAL FL 33914

Title	DIRECTOR.
Name	MINICIELLI, JOHN R
Address	APARTA BRISAS DE LOA ALPES
City-State-Zip:	JARABACOA LA VEGA PROVINCE

Title	TREASURER
Name	ROSS, THOMAS S
Address	5657 BAY ISLAND CAY
City-State-Zip:	ACWOTH GA 30101

Title	PROGRAM DIRECTOR
Name	BRITO, MANUEL ANTONIO
Address	CALLE PEDRO CLISANTE
City-State-Zip:	SOSUA

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: DOUGLAS ROSS**PRESIDENT****06/29/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date