

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90032 006 ****70.00

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DOCUMENT # N97000000095

1. Corporation Name

WE HELP COMMUNITY DEVELOPMENT CORP. INC.

Principal Place of Business

256 NW 9TH ST
BELLE GLADE FL 33430
US

Mailing Address

P O BOX 1786
BELLE GLADE FL 33430
US



2. Principal Place of Business

21 349 S.E. 3rd Street

2a. Mailing Address

26 P.O. Box 1786

3. Date Incorporated or Qualified

01/08/1997

Suite, Apt. #, etc.

22 B

Suite, Apt. #, etc.

27

4. FEI Number

31-1496789

Applied For

Not Applicable

City & State

23 Belle Glade Florida

City & State

28 Belle Glade FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24 33430

25 USA

Zip

Country

29 33430

30 U.S.A

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WALKER, MAE E
256 N.W. 9TH STREET
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Mae E. Walker*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WALKER, DOROTHY M
STREET ADDRESS 256 N.W. 9TH STREET
CITY-ST-ZIP BELLE GLADE FL

☐ DELETE

TITLE SD
NAME TURNER, SHIRLEY W
STREET ADDRESS 215 SW 6TH AVENUE
CITY-ST-ZIP SOUTH BAY FL

☐ DELETE

TITLE TD
NAME WALKER, ROBERT B
STREET ADDRESS 502 PALM GLADES DRIVE
CITY-ST-ZIP BELLE GLADE FL

☐ DELETE

TITLE *Director*
NAME *Dorothy Walker*
STREET ADDRESS *256 NW 9th St*
CITY-ST-ZIP *Belle Glade FL*

☐ DELETE

TITLE *Director*
NAME *Shirley Turner*
STREET ADDRESS *215 SW 6th Ave*
CITY-ST-ZIP *South Bay FL*

☐ DELETE

TITLE *Director*
NAME *Robert Walker*
STREET ADDRESS *502 Palm Glades Drive*
CITY-ST-ZIP *Belle Glade FL*

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director
Larry Denard
4019 Lake Circle
Belle Glade FL 33430

Director
Moses Barber
1205 Vaughn Circle
Belle Glade FL 33430

Director
Ralph Walker
78 Channing Ave
Orlando FL 32811

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dorothy Walker* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12/99 561-992-5333

Date

Daytime Phone #

CR2E037 (11/98)