

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000000095**

1. Entity Name

WE HELP COMMUNITY DEVELOPMENT CORP. INC.

Principal Place of Business

Mailing Address

**349 SE 3RD ST
BELLE GLADE FL 33430
US****P O BOX 1786
BELLE GLADE FL 33430
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

31-1496789

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete**P
TURNER, SHIRLEY W
215 SW 6TH AVENUE
SOUTH BAY FL**TITLE ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPSTREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete**SD
BARBER, MOSES
1205 VAUGHNE CIRCLE
BELLE GLADE FL 33430**TITLE ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPSTREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete**D
DENRAND, LARRY
4017 LAKE CIRCLE
BELLE GLADE FL 33430**TITLE ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPSTREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete**D
WALKER, ROBERT
816 S E 2ND STREET
BELLE GLADE FL 33430**TITLE ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPSTREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete**D
TURNER, JOHN
256 N. W. 9TH STREET
BELLE GLADE FL 33430**TITLE ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPSTREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteSTREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED**1-4-02 561-593-0085****FILED
Jan 08, 2002 8:00 am
Secretary of State**

01-08-2002 90004 001 ****70.00



DO NOT WRITE IN THIS SPACE

0075906

CR2E037 (9/01)