2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N97000000095

Entity Name: WE HELP COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

349 SE 3RD ST
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1786
BELLE GLADE, FL 33430 US

New Mailing Address:

FEI Number: 31-1496789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZARETSKY, RICHARD P
1655 PALM BEACH LAKES BLVD., STE. 900
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: V. P ( ) Delete
Name: TURNER, SHIRLEY W
Address: 215 SW 6TH AVENUE
City-St-Zip: SOUTH BAY, FL

Title: SD ( ) Delete
Name: VEREEN, QUESONA
Address: 621 SW 12TH ST
City-St-Zip: BELLE GLADE, FL 33430

Title: T. D ( ) Delete
Name: GLAZE, SHIRLEY
Address: 1249 VAUGHN CIR
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete
Name: GAINES, LORETTA
Address: 613 SW 3RD ST
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete
Name: TURNER, JOHN
Address: 256 N. W. 9TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: P ( ) Delete
Name: THICKLIN, J. R
Address: P.O. BOX 18573
City-St-Zip: WEST PALM BEACH, FL 33416

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. D. M. WALKER CEO 04/13/2009
Electronic Signature of Signing Officer or Director — Date