

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000011334

**Entity Name:** WE HELP COMMUNITIES "2" DEVELOP CORPORATION**Current Principal Place of Business:**349 S. E. 3RD STREET  
BELLE GLADE, FL 33430**Current Mailing Address:**P. O. BOX 1786  
BELLE GLADE, FL 33430 US**FEI Number:** 47-2533639**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BARBER, MOSES  
349 S. E. 3RD STREET  
BELLE GLADE, FL 33430 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            PRESIDENT  
Name            TURNER, SHIRLEY WALKER  
Address        P. O. BOX 1786  
City-State-Zip: BELLE GLADE FL 33430

Title            SEC.  
Name            PETERSON, QUESONA D  
Address        P. O. BOX 1786  
City-State-Zip: BELLE GLADE FL 33430

Title            DIRECTOR  
Name            ASSON, ELDON  
Address        P. O. BOX 1786  
City-State-Zip: BELLE GLADE FL 33430

Title            TREASURER  
Name            SEWELL, ANGELETTA  
Address        P. O. BOX 1786  
City-State-Zip: BELLE GLADE FL 33430

Title            BOARD MEMBER  
Name            ELIJAH, EUGENIA  
Address        P. O. BOX 1786  
City-State-Zip: BELLE GLADE FL 33430

Title            EXECUTIVE DIRECTOR  
Name            WALKER, DOROTHY M DR.  
Address        349 S. E. 3RD STREET  
City-State-Zip: BELLE GLADE FL 33430

*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:** QUESONA D. PETERSON**SECRETARY****02/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date