

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90003 048 ****70.00

DOCUMENT # N97000000095

1. Entity Name
WE HELP COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business
**349 SE 3RD ST
BELLE GLADE, FL 33430 US**

Mailing Address
**P O BOX 1786
BELLE GLADE, FL 33430 US**

50024703



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07312006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
31-1496789

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **SD** ☐ Delete
NAME **VEREEN, QUESONA**
STREET ADDRESS **621 SW 12TH ST.**
CITY-ST-ZIP **BELLE GLADE, FL 33430**

TITLE **D** ☒ Delete
NAME **DAVIS, JANIE**
STREET ADDRESS **608 G COVENANT DR**
CITY-ST-ZIP **BELLE GLADE, FL 33430**

TITLE **D** ☐ Delete
NAME **GAINES, LORETTA**
STREET ADDRESS **613 SW 3RD ST**
CITY-ST-ZIP **BELLE GLADE, FL 33430**

TITLE **D** ☐ Delete
NAME **TURNER, JOHN**
STREET ADDRESS **256 N. W. 9TH STREET**
CITY-ST-ZIP **BELLE GLADE, FL 33430**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **GLAZE, SHIRLEY**
STREET ADDRESS **1249 VAUGHN CIRCLE**
CITY-ST-ZIP **BELLE GLADE, FL 33430**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Shirley W. Turner (Shirley W. Turner)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-06
Date

561-996-1718
Daytime Phone #

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ATTACHMENT

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07172006 No Chg-NP CR2E037 (4/06)

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shirley W. Turner (Shirley W. Turner) 8-2-06 561-996-1718