

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000095

FILED  
Mar 29, 2007  
Secretary of State

**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 (X)**

**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: 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: 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

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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:** SHIRLEY TURNER

P

03/29/2007

Electronic Signature of Signing Officer or Director

Date