

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007597

**FILED**  
**May 01, 2017**  
**Secretary of State**  
**CC8158827791**

**Entity Name:** HERE'S HELP WORKFORCE AND COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

1455 NW 183RD STREET  
ROOM #4  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

2284 SW 129TH TERRACE  
MIRAMAR, FL 33027

**FEI Number: 37-1701402**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WRIGHT, PAULA  
700 N.W. 175TH STREET  
SUITE #200  
MIAMI GARDENS, FL 33169 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 VP  
Name AUSTIN, ALISON  
Address 1140 NW 58TH STREET  
City-State-Zip: MIAMI FL 33127

Title T  
Name SHAY, CATHERINE  
Address 1608 SW 10TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33312

Title P  
Name WRIGHT, PAULA  
Address 700 NW 175TH STREET  
City-State-Zip: MIAMI GARDENS FL 33169

*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: PAULA WRIGHT**

**CEO/FOUNDER**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date