

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007597

**FILED**  
**Jan 03, 2018**  
**Secretary of State**  
**CC0862032646**

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

**Current Principal Place of Business:**

2400 SO. DIXIE HWY.  
ROOM #112  
CORAL GABLES, FL 33133

**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  
2400 SO. DIXIE HWY.  
SUITE #112  
CORAL GABLES, FL 33133 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 CEO/FOUNDER  
Name WRIGHT, PAULA POLLYDORE  
Address 2284 SW 129TH TERRACE  
City-State-Zip: MIRAMAR FL 33027

Title P  
Name POLLYDORE, SHAUNTAVIA  
Address 2284 SW 129TH TERRACE  
City-State-Zip: MIRAMAR FL 33027

Title VP  
Name DAVIS, LISA C.  
Address 18910 NW 9TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33169

Title DIRECTOR  
Name CALLAHAN, SHIRLEY  
Address 5410 NW 197TH LANE  
City-State-Zip: MIAMI GARDENS FL 33055

Title DIRECTOR OF ORGANIZATION  
Name BRYANT, ANTONIO  
Address 347 NW 170TH STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33169

Title EXECUTIVE SECRETARY  
Name WRIGHT, SELENA  
Address 2284 SW 129TH TERRACE  
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR FOR EVENTS  
Name WINT, SHELLY  
Address 3716 WILDERNESS WAY  
City-State-Zip: CORAL SPRINGS FL 33065

Title ASST. DIRECTOR FOR EVENTS  
Name SIERRA, MARIA  
Address 5358 NW 200 TERRACE  
City-State-Zip: MIAMI GARDENS FL 33055

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*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 P. WRIGHT**

**CEO/FOUNDER**

**01/03/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER

Name           GIORDANI, JANA

Address        21300 SAN SIMEON WAY

City-State-Zip: MIAMI FL 33179