

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007597

Entity Name: HERE'S HELP WORKFORCE AND COMMUNITY DEVELOPMENT CORPORATION**FILED**
Mar 17, 2025
Secretary of State
8408849582CC**Current Principal Place of Business:**4445 W 16TH AVENUE
SUITE #409
HIALEAH, FL 33012**Current Mailing Address:**4445 W 16TH AVENUE
SUITE #409
HIALEAH, FL 33012 US**FEI Number: 37-1701402****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WRIGHT, PAULA
4445 W 16TH AVE STE 409
HIALEAH, FL 33012 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	4445 W. 16TH AVENUE, SUITE 409
City-State-Zip:	HIALEAH FL 33012

Title	P
Name	POLLYDORE, SHAUNTAVIA
Address	4445 W. 16TH AVENUE, SUITE 409
City-State-Zip:	HIALEAH FL 33012

Title	DIRECTOR
Name	CALLAHAN, SHIRLEY
Address	11185 SW 6TH STREET
City-State-Zip:	PEMBROKE PINES FL 33025

Title	DIRECTOR OF ORGANIZATION
Name	BRYANT, ANTONIO
Address	4445 W 16TH AVE STE 409
City-State-Zip:	HIALEAH FL 330127139

Title	DIRECTOR FOR EVENTS
Name	WINT, SHELLY
Address	4445 W. 16TH AVENUE, SUITE 409
City-State-Zip:	HIALEAH FL 33012

Title	TREASURER
Name	WRIGHT, SELENA D
Address	4445 W. 16TH AVENUE, SUITE 409
City-State-Zip:	HIALEAH FL 33012

Title	VP
Name	POLLYDORE, CHRISTOPHER
Address	4445 W. 16TH AVENUE, SUITE 409
City-State-Zip:	HIALEAH FL 33012

Title	EXECUTIVE SECRETARY
Name	THOMPkins, CAPRINA
Address	4445 W. 16TH AVENUE, SUITE 409
City-State-Zip:	HIALEAH FL 33012

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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 WRIGHT**CEO****03/17/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR FOR EVENTS
Name BALTIMORE, RODNEY
Address 4445 W. 16TH AVENUE
 409
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR OF EVENTS
Name BLOSSOM, BETTIE
Address 4445 W. 16TH AVENUE
 409
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR OF EVENTS
Name LOTMORE, ESTHER
Address 4445 W. 16TH AVENUE
 409
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR
Name SAIRRAS-FERTIL, PRISCILLA
Address 4445 W. 16 AVENUE
 409
City-State-Zip: HIALEAH FL 33012