

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007597

FILED
Apr 26, 2024
Secretary of State
5905641853CC

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

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, SHAUNTA VIA
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 THOMP KINS, 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

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CACESES, IVAN
Address 4445 W. 16TH AVENUE, SUITE 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 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