

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007597

Entity Name: HERE'S HELP WORKFORCE AND COMMUNITY DEVELOPMENT CORPORATION**FILED**
Apr 01, 2016
Secretary of State
CC2281184490**Current Principal Place of Business:**700 N.W. 175TH STREET
SUITE #200
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 33127Title TRES
Name SHAY, CATHERINE
Address 1608 SW 10TH STREET
City-State-Zip: FORT LAUDERDALE FL 33312Title P
Name WRIGHT, PAULA
Address 700 N.W. 175TH STREET
City-State-Zip: MIAMI GARDENS FL 33169Title DIRECTOR FOR EVENTS
Name WINT, SHELLY
Address 3716 WILDERNESS WAY
City-State-Zip: CORAL SPRINGS FL 33065Title SEC
Name SIERRA, MARIA
Address 5358 NW 200 TERRACE
City-State-Zip: MIAMI GARDENS FL 33055Title DIRECTOR, OF ORGANIZATION
Name ANDERSON-ROBINSON, SONYA
Address 1050 NW 91ST STREET
City-State-Zip: MIAMI FL 33150

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/PRESIDENT****04/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date