

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000011334

Entity Name: WE HELP COMMUNITIES "2" DEVELOP CORPORATION**Current Principal Place of Business:**349 S. E. 3RD STREET
BELLE GLADE, FL 33430**Current Mailing Address:**P. O. BOX 1786
BELLE GLADE, FL 33430 US**FEI Number:** 47-2533639**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BARBER, MOSES
349 S. E. 3RD STREET
BELLE GLADE, FL 33430 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 PRESIDENT
Name TURNER, SHIRLEY WALKER
Address P. O. BOX 1786
City-State-Zip: BELLE GLADE FL 33430

Title SEC.
Name PETERSON, QUESONA D
Address 584 S. W. 5TH STREET APT # 1
City-State-Zip: BELLE GLADE FL 33430

Title TRES
Name SEWELL, ANGELETTA T
Address P. O. BOX 1786
City-State-Zip: BELLE GLADE FL 33430

Title CFO
Name ASSON, ELDON
Address P. O. BOX 1786
City-State-Zip: BELLE GLADE FL 33430

Title BOARD MEMBER
Name GAINES, LORETTA
Address P. O. BOX 1786
City-State-Zip: BELLE GLADE FL 33430

Title BOARD MEMBER
Name WALKER, RALPH WENDELL
Address P. O. BOX 1786
City-State-Zip: BELLE GLADE FL 33430

Title BOARD MEMBER
Name ELIJAH, EUGENIA
Address P. O. BOX 1786
City-State-Zip: BELLE GLADE FL 33430

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: QUESONA D. PETERSON

SEC.

02/03/2021

Electronic Signature of Signing Officer/Director Detail_____
Date