DIVISION OF CONSUMER SERVICES
(850) 410-3800

THE RHODES BUILDING
2005 APALACHEE PARKWAY
TALLAHASSEE, FLORIDA 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

COMMISSIONER WILTON SIMPSON

April 6, 2023 **Refer To: DTN3727040 CH47600**

FRIENDS OF SHANNON STAUB PUBLIC LIBRARY, INC.
PO BOX 7403
NORTH PORT, FL 34290-0403

Re: Application Under Solicitation of Contributions Act DTN: 3727040
First Notice of Deficiency

Dear Applicant:

The Department received your application submitted under Chapter 496, Florida Statutes, the Solicitation of Contributions Act. The application is deficient for the following reasons:

1. The application submitted was incorrect I have attached the correct application to be filled out
2. The registration fee submitted was insufficient according to the financial information provided. The correct fee is $ 10.00 , therefore the balance due is $ 10.00.
   Remit to: FDACS
   PO BOX 6700
   TALLAHASSEE FL 32314-6700

Pursuant to Chapter 496, Florida Statutes, this Notice is provided within 15 working days of receiving your application to enable you to correct the cited deficiencies for further review by the Department. Your response to this letter should reference DTN 3727040 and resolve each deficiency cited above; do not submit a partial response.

If you do not correct these deficiencies within 30 days from receiving this Notice your application will be denied and the Department will pursue its available legal remedies. Soliciting Contributions from persons in Florida, or from a physical location in Florida, without being properly registered is a violation of Chapter 496, Florida Statutes.

Thank you for your attention to this matter. If you have any questions regarding your application/filing, please contact the undersigned at the number listed below.

Sincerely,

Keith Steverson
Consumer Service Analyst
850-410-3833
Fax: 850-410-3804
keith.steverson@fdacs.gov

a Hach check to this letter

DTN: **3727040** License #: **CH47600**

Florida Department of Agriculture and Consumer Services
WILTON SIMPSON, Commissioner
Division of Consumer Services
PO Box 6700 Tallahassee FL 32314-6700

February 9, 2023

FDACS
PO BOX 6700
TALLAHASSEE FL 32314-6700

1-800-HELP-FLA (435-7352)
1-850-410-3800
Fax: 1-850-410-3804

SAVE TIME - REGISTER ONLINE
www.FDACS.gov

FRIENDS OF SHANNON STAUB PUBLIC LIBRARY, INC.
PO BOX 7403
NORTH PORT, FL 34290-0403

SUBJECT: SOLICITATION OF CONTRIBUTIONS ANNUAL RENEWAL REGISTRATION
Registration Number: CH47600 Expiration Date: March 23, 2023

Your annual state registration as a charitable organization or sponsor under the Solicitation of Contributions Act is NOW DUE AND PAYABLE. Pursuant to Chapter 496, Florida Statutes, charitable organizations and sponsors are required to register annually with the Department of Agriculture and Consumer Services. In addition, you are required to provide financial information for the immediately preceding fiscal year by filing the Department's financial report form or a complete copy of your Internal Revenue Service Form 990 and all attached schedules or your Form 990-EZ and Schedule O.

Enclosed for your convenience is a pre-printed Renewal Registration Form with registration information from your last annual registration. Please note any changes by crossing out the incorrect information and entering the correct information in ink. Return it with the registration fee and financial information to the Department at PO BOX 6700, TALLAHASSEE FL 32314. Your registration application MUST BE RECEIVED BEFORE your current registration expires.

NOTE: If a charitable organization or sponsor that has filed for this exemption actually acquires total revenue equal to or in excess of $25,000 at any time during its fiscal year, the charitable organization or sponsor must register with the department as required by s. 496.405, F.S. within 30 days after the date the revenue reaches $25,000.

PLEASE BE ADVISED that if it is determined you are operating as a charitable organization or sponsor in violation of Chapter 496, Florida Statutes, the Department will seek its available legal remedies against you. Failure to comply with this law will subject you to a cease and desist order and monetary fines up to $5,000 per violation.

If you have any questions, please contact this office at (800) 435-7352, or (850) 410-3800.

Sincerely,

WILTON SIMPSON
COMMISSIONER OF AGRICULTURE

SAVE TIME BY RENEWING ONLINE at www.FDACS.gov

DTN: **3727040** License #: **CH47600**

Florida Department of Agriculture & Consumer Services
Division of Consumer Services

SOLICITATION OF CONTRIBUTIONS REGISTRATION APPLICATION

SOLICITATION OF CONTRIBUTIONS ACT
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

WILTON SIMPSON
COMMISSIONER

For online payments, visit www.FDACS.gov
Make check payable to FDACS and remit application to:

FDACS
PO BOX 6700
TALLAHASSEE FL 32314-6700

1-800-HELP-FLA (435-7352)
1-850-410-3800
Fax: 1-850-410-3804

FOR COMPLETE FILING INSTRUCTIONS VISIT US AT www.FDACS.gov/Business-Services/Solicitation-of-Contributions

Select one: ☐ New Application ☒ Renewal CH#_____ DTN#_____ (listed on the renewal application)

TO APPLY fill out this form completely (PRINT OR TYPE) and return it with all attachments, including the registration application fee, to the address in the upper right-hand corner. All documents and attachments submitted with this application may be subject to public review pursuant to chapter 119, Florida Statutes (F.S.).

Legal Name of Organization: FRIENDS OF SHANNON STAUB PUBLIC LIBRARY, INC.

Street (Physical) Address: 4675 CAREER LN
(no P.O. Boxes or mail drops)

City, State, Zip, County NORTH PORT, FL 34289-2325

Telephone: 941-861-1765 Website: https://www.friendsofsspl.org E-mail: friendsofsspl@gmail.com (for issuance of renewal notifications)

Mailing Address (if different): PO BOX 7403

City, State, Zip, County: NORTH PORT, FL 34290-0403

Fictitious Name/Other Name(s) Soliciting As:

1. Select one:
☒ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship

Date legally established: _____ State: FL

2. Registration Application Type:
Charitable Org ✓ Charitable Org/Parent _____
Sponsor _____ Sponsor/Parent _____

3. Federal Employer ID Number: 47-5062036

Contact Person for the Applicant: Sandy Carlaccini

Contact Title: Co-President

Contact Phone: 252-670-4586

Contact Email Address:

Date of Application: 4-12-23

F&A Use Only

Solicitation of Contributions DTN: 3727040
Org Code: 42100625000
Object Code: 001133

FDACS - 10100 Rev. 11/21

4. **Review, update and list all officers, directors, trustees, and principal salaried executive personnel on Attachment B, enclosed.**

5. **List any branch office, chapter or affiliates located in the state of Florida on Attachment C, enclosed.**

6. **If the charitable organization or sponsor does not maintain an office in Florida, provide the name, street address, and telephone number of the person having custody of the financial records.** [*s. 496.405(2)(g)1., F.S.*]

Name: _____

Street (Physical) Address (no P.O. Boxes or mail drops): _____

City, State, and Zip: _____ Telephone Number: _____

7. **List names of the individuals or officers who are in charge of any solicitation activities:**

Name: ~~NAPOLI, ELIZABETH~~ ~~Sandy~~ Carlaccini, Sandy

Street (Physical) Address: 4675 CAREER LANE

City, State, and Zip: NORTH PORT, FL 34289 Telephone Number: 941-861-176~~5~~

Name: ~~WILLIAMS, MARCIA~~ ~~Bill~~ Gobin, Bill

Street (Physical) Address: 4675 CAREER LANE

City, State, and Zip: NORTH PORT, FL 34289 Telephone Number: 941-861-1765

Name: _____

Street (Physical) Address: _____

City, State, and Zip: _____ Telephone Number: _____

8. **List the name, address, and telephone number(s) of any person(s) responsible for the custody and final distribution of contributions:**

Name: ~~COLLETT, MICHELLE~~ ~~Alex~~ Shedlock, Alex

Street (Physical) Address: 4675 CAREER LANE

City, State, and Zip: NORTH PORT, FL 34289 Telephone Number: 941-861-1765

Name: ~~Sharon~~ Berhow, Sharon

Street (Physical) Address: 4675 Career Lane

City, State, and Zip: North Port, FL 34289 Telephone Number: 941·861·1765

Name: _____

Street (Physical) Address: _____

City, State, and Zip: _____ Telephone Number: _____

9. **Month/Day fiscal year ends:** [*s. 496.405(2)(g)3, F.S*] 09/30

10. **Has your organization been granted tax exempt status by the Internal Revenue Service?** [*s. 496.405(2)(f), F.S.*]

☒ **Yes** 501(c) ~~47·5062036~~ (insert number) 47·5062036 **If yes, you must attach a copy of the tax exemption determination letter from the** IRS.

☐ **No**

☐ **Pending** (a copy of such determination must be filed with the department within 30 days after receipt)

☐ **Revoked**

11. **Charitable purpose for which the charitable organization or sponsor is organized?** (*Briefly and concisely explain the purpose for which your organization was created, i.e., the organization's mission. It is best to summarize this information in your own words. Please attach additional pages if necessary.*) [*s. 496.405(2)(b), F.S.*]

TO PROMOTE THE SHANNON STAUB PUBLIC LIBRARY, ITS GOALS, SERVICES AND PROGRAMS; TO SERVE AS LIAISON BETWEEN THE LIBRARY AND THE COMMUNITY AND ITS BUSINESSES, ORGANIZATIONS AND GOVERNMENT AGENCIES.

12. **What is the purpose for which the contributions to be solicited will be used?** (*Briefly and concisely explain how contributions will be used to further your organization's mission. Please attach additional pages if necessary. Do not reference 990 or include an attachment.*) [s.496.405(2)(b), F.S.]

THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES TO PROMOTE THE SHANNON STAUB PUBLIC LIBRARY, ITS GOALS, SERVICES, AND THE PROGRAMS, TO INCREASE PUBLIC AWARENESS OF THE LIBRARY SERVICES, PROGRAMS, AND MATERIALS, ENCOURAGE COMMUNITY INVOLVEMENT.

13. **List major program activities:** (*Briefly and concisely list the main activities in which your organization participates. Please attach additional pages if necessary.*) [s. 496.405(2)(g)4, F.S.]

PROGRAMS AND SERVICES AT SHANNON STAUB LIBRARY FOR THE RESIDENCE OF NORTH PORT AND SURROUNDING AREA. PROGRAMS SUCH AS STORY TIME, HALLOWTWEEN EVENT, CREATION STATION SUPPLIES, YOUNG WRITERS GROUP, ADULT CRAFTS AND SEWING, AND MANUY MORE.

14. **Does the charitable organization or sponsor employ a professional solicitor or professional fundraising consultant? If so, complete attachment A Enclosed.**

☐ YES ☒ NO **If yes,** please attach a copy of the current contract.
(Attach additional sheets as necessary using the same format.)

15. **Does charitable organization or sponsor utilize a commercial co-venturer?**

☐ YES ☒ NO **If yes,** attach a copy of the current contract, and provide the following information for each.
(Attach additional sheets as necessary using the same format.)

Name: Telephone Number:

Street (Physical) Address: City: State/Zip:

NOTE: Any change to the responses provided to Questions 16-21 must be reported to the department within 10 days after the change occurs using the Solicitation of Contributions Material Change Form, FDACS-10118, Rev. 11/21 as incorporated in rule 5J-7.004(5), F.A.C. This form can be found online at www.FDACS.gov

16. **Is applicant authorized by any other state to solicit contributions?** [*s. 496.405(2)(d)1., F.S.*]

☐ YES ☒ NO

17. **Has the charitable organization/sponsor entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s. 496.420, F.S., in any jurisdiction?** [*s. 496.405(2)(d)4., F.S.*]

☐ YES ☒ NO **If yes,** enclose a copy of the agreement.

18. **Has the charitable organization/sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years?** [*s. 496.405(2)(d)5., F.S.*]

☐ YES ☒ NO **If yes,** you must provide a copy of the court disposition and submit an explanation of the charge for review.

19. **Has the charitable organization/sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulting from acts committed while involved in the solicitation of contributions within the last 10 years?** [*s. 496.405(2)(d)6., F.S.*]

☐ YES ☒ NO **If yes,** you must provide a copy of the court disposition and submit an explanation of the charge for review.

20. **Has the charitable organization/sponsor or any of its officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from violating any law relating to a charitable solicitation?** [*s. 496.405(2)(d)2.,7., F.S.*]

☐ YES ☒ NO **If yes,** attach the name of such person, the date of the injunction, and the court issuing the injunction.

21. **Has the charitable organization/sponsor had its registration or authority denied, suspended, or revoked by any governmental agency?** [*s. 496.405(2)(d)3., F.S.*]

☐ YES ☒ NO **If yes,** attach the governmental agency action documents and an explanatory statement including the reason(s) for each denial, suspension, or revocation.

22. **Select the financial statement you are filing for the immediately preceding fiscal year ending ____/____/_____:**
Please Note: We do not accept 990-PF or 990-N postcard in lieu of one of the below financial statements.
Please attach one of the following:

☐ 990 and all schedules ☐ 990-EZ and Schedule O ☐ Budget (newly formed organizations only)

☒ FDACS-10122 Solicitation of Contributions Annual Financial Reporting Form, 11/21 (available online at www.FDACS.gov)

☐ 180 Day Extension request for financial statement only. (Failure to file a financial statement within the 180 days will result in an automatic suspension of your registration.)

Please provide the financial Information (must match the information listed on the immediately preceding fiscal year financial statement):

Total Revenue: $ _____

Total Expenses: $ _____

Program Service Expenses: $ _____

Management & General Expenses: $ _____

Fundraising Expenses: $ _____

On file

23. Charitable organizations or sponsors that receive at least $500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than $1 million, then the financial statement must be audited by an independent certified public accountant. If submitting an IRS form 990 or 990 EZ and contributions are $500,000 or more, those IRS forms must be prepared by a certified public account or another professional who prepares such forms or schedules in their ordinary course of business.

Attached is a copy of signed CPA review or audit. ☐ YES ☒ NO

24. **Calculation of Registration Fee:**

Amount of contributions received in the immediately preceding fiscal year: $_____

"Contribution" means the promise, pledge, or grant of money or property, financial assistance, or any other thing of value in response to a solicitation. The term includes, in the case of a charitable organization or sponsor offering goods and services to the public, the difference between the direct cost of the goods and services to the charitable organization or sponsor and the price at which the charitable organization or sponsor or a person acting on behalf of the charitable organization or sponsor resells those goods or services to the public. The term does not include:

(a) Bona fide fees, dues, or assessments paid by members if membership is not conferred solely as consideration for making a contribution in response to a solicitation;
(b) Funds obtained by a charitable organization or sponsor pursuant to government grants or contracts;
(c) Funds obtained as an allocation from a United Way organization that is duly registered with the department; or
(d) Funds received from an organization duly registered with the department that is exempt from federal income taxation under s. 501(a) of the Internal Revenue Code and described in s. 501(c) of the Internal Revenue Code. [s. 496.404(5) F.S.]

$10 fee: Less than $5,000
$10 fee: Less than $25,000 and no compensated directors/employees, no professional solicitors/consultants or commercial co-venturers.
$75 fee: $5,000 or more, but less than $100,000
$125 fee: $100,000 or more, but less than $200,000
$200 fee: $200,000 or more, but less than $500,000
$300 fee: $500,000 or more, but less than $1,000,000
$350 fee: $1,000,000 or more, but less than $10,000,000
$400 fee: $10,000,000 or more

Calculated Registration Fee: $ 10.00

Calculation of Late Fee (Renewals Only): + $ —
($25 per month or any portion of a month following expiration date)

Total Fee Amount Enclosed: $ 10.00

MAKE CHECK OR MONEY ORDER PAYABLE TO: FDACS

***Submit your completed application along with the above registration fee and your financials with all attachments to:**

FDACS
Solicitation of Contributions
Post Office Box 6700
Tallahassee, FL 32314-6700

ONLY SPONSORS NEED TO ANSWER THE FOLLOWING QUESTIONS:

"Sponsor" means a group or person who is or holds herself or himself out to be soliciting contributions by the use of a name that implies that the group or person is in any way affiliated with or organized for the benefit of emergency service employees or law enforcement officers and the group or person is not a charitable organization. The term includes a chapter, branch, or affiliate that has its principal place of business outside the state if such chapter, branch, or affiliate solicits or holds itself out to be soliciting contributions in this state.
[s. 496.404(25), F.S.]

The organization must consist of members who are individuals of whom at least 10% or 100 members, whichever is less, are actively employed as law enforcement officers or emergency service employees by an agency of the United States, this state, a municipality, or a political subdivision of this state, and who personally sign written membership agreements with the organization and pay an annual membership of not less than $10 a member.

a. Total number of sponsor's members: 0

b. Total number of members actively employed as law enforcement or emergency service employees: 0

c. Percentage of total net contributions (defined as the total amount of all contributions raised in Florida minus the total cost of expenses incurred in raising contributions solicited), which are disbursed in the state on behalf of its members in furtherance of its stated purpose or programs _____%.

CERTIFICATION

I certify the following:

☒ The organization has adopted a policy regarding conflict of interest transactions, and I certify that all directors, officers, and trustees of the charitable organization are in compliance with the adopted policy

☒ The information furnished in this application and all supplemental forms, reports, documents and attachments are true and correct to the best of my knowledge. [s. 496.405(2) F.S.]

Sandy Carlaccini
Printed Name

Sandy Carlacca
Signature

252-670-4584
Telephone Number

4.12.23
Date

Co-President
Title

sandy.carlaccini@gmail.com
Email Address

ATTACHMENT A
List of Professional Solicitors or Professional Fundraising Consultants

(*Attach additional sheets as necessary using the same format.*)

☐ Professional Solicitor ☐ Professional Fundraising Consultant

1. Name: _____

Street Address: _____

City, State, and Zip: _____ Phone: _____

Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____

☐ Professional Solicitor ☐ Professional Fundraising Consultant

2. Name: _____

Street Address: _____

City, State, and Zip: _____ Phone: _____

Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____

DTN: **3727040** License #: **CH47600**

ATTACHMENT B
Officers, Directors, Trustees, and Principal Executive Personnel

Please list officers, directors, trustees, and principal executive personnel:

Exemptions from public records apply to certain individuals. For a complete list of exemptions, see chapter 119, F.S. If you qualify for one of these exemptions, please list the organization's address and phone number in lieu of home address and phone number. (*Attach additional sheets as necessary using the same format.*)

1. Last Name, First Name: ~~CARLACCINI, SANDY~~ Judy Savela Title: Secretary
   Street Address: 4675 CAREER LANE Phone Number: 941-861-1765
   City, State, and Zip: NORTH PORT, FL 34289 Compensated (Y/N): N
   Criminal History: ☐ Yes ☒ No

2. Last Name, First Name: ~~COLLETT, MICHELLE~~ Alex Shedlock Title: Co-Treasurer
   Street Address: 4675 CAREER LANE Phone Number: 941-861-1765
   City, State, and Zip: NORTH PORT, FL 34289 Compensated (Y/N): N
   Criminal History: ☐ Yes ☒ No

3. Last Name, First Name: ~~NAPOLI, ELIZABETH~~ Sandy Carlaccini Title: Co-President
   Street Address: 4675 CAREER LANE Phone Number: 941-861-17645
   City, State, and Zip: NORTH PORT, FL 34289 Compensated (Y/N): N
   Criminal History: ☐ Yes ☒ No

4. Last Name, First Name: ~~WILLIAMS, MARCIA~~ Bill Gobin Title: Co-~~Vice~~ President
   Street Address: 4675 CAREER LANE Phone Number: 941-861-1765
   City, State, and Zip: NORTH PORT, FL 34289 Compensated (Y/N): N
   Criminal History: ☐ Yes ☒ No

5. Last Name, First Name: Berhow Sharon Title: Co-Treasurer
   Street Address: 4675 Career Lane Phone Number: 941-861-1765
   City, State, and Zip: North Port, FL 34289 Compensated (Y/N): N
   Criminal History: ☐ Yes ☒ No

6. Last Name, First Name: _____ Title: _____
   Street Address: _____ Phone Number: _____
   City, State, and Zip: _____ Compensated (Y/N): _____
   Criminal History: ☐ Yes ☐ No

7. Last Name, First Name: _____ Title: _____
   Street Address: _____ Phone Number: _____
   City, State, and Zip: _____ Compensated (Y/N): _____
   Criminal History: ☐ Yes ☐ No

ATTACHMENT C
Florida Chapters, Branches or Affiliates

Please list Florida chapters, branches, or affiliates included in this registration:
(*Attach additional sheets as necessary using the same format.*)

1. Name: _____
   Address: _____
   City, State, and Zip: _____ Phone: _____

2. Name: _____
   Address: _____
   City, State, and Zip: _____ Phone: _____

DISCLOSURE REQUIREMENTS

This notice serves as a reminder that the Solicitation of Contributions Act requires registered charities to conspicuously display their registration number and the disclosure statement below on every solicitation, confirmation, receipt, or reminder of a contribution, including websites. s. 496.411, F.S.

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The disclosure statement must include a toll-free number and website for the Division of Consumer Services which can be used to obtain the registration information.

1-800-HELP-FLA (435-7352)
www.FloridaConsumerHelp.com

If the solicitation occurs on a website, the statement must be conspicuously displayed on any webpage that identifies a mailing address where contributions are to be sent, identifies a telephone number to call to process contributions, or provides for online processing of contributions. If you have any concerns about where the registration number should be placed on your website, please call us at the number below.

MAILING ADDRESS

Please note that mail drops, physical addresses of UPS stores or other third party mail recipients are not considered principal addresses for a charity. A physical address of the charitable organization is required. Adherence to this requirement will reduce the number of deficiency letters and expedite the processing of applications.

*****

We appreciate your cooperation. If you have any questions or require assistance, please contact us at 800-435-7352 or via email at charities@FDACS.gov. Failure to comply with these requirements could result in penalties up to $5,000.