

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



**ADAM H. PUTNAM**  
**COMMISSIONER**

**CHARITABLE ORGANIZATIONS/SPONSORS REGISTRATION  
APPLICATION**

**Solicitation of Contributions Act**  
**Chapter 496, Florida Statutes**  
**Rule 5J-7.004, Florida Administrative Code**

1-800-HELP-FLA (435-7352)  
850-410-3800 *Calling Outside Florida*  
www.800helpfla.com • 850-410-3804 *Fax*

*Make check or money  
order payable and remit  
application to:*

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**Application Information**

**License Number:** CH47322

**Business Information**

**Legal Name:** JACK AND JILL OF AMERICA FOUNDATION  
**FEIN:** 51-0224656  
**Business Phone:** 202-232-5290  
**Business Fax:** 202-232-1747  
**Business Address:** 1930 17TH ST NW  
WASHINGTON District of Columbia 20009-6207  
**Mailing Address:** 1930 17TH ST NW  
WASHINGTON District of Columbia 20009-6207  
**Email Address:** pblake@jackandjillfoundation.org  
**Website Address:** jackandjillfoundation.org  
**Fictitious Names\*\*** Not Applicable

\*\*All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

**Organization Information**

**Form of Organization:** Other  
**Description of Other:** Public Charitable Organization  
**FEIN:** 51-0224656  
**Established In:** Illinois **Legally Established:** 1/21/1968

**Business Details**

**Month/Day fiscal year ends:** 05/31

**Organization's Internal Revenue Service  
Status:** Not tax exempt

**Purpose of the Organization:**  
Transforming communities, one child at a time.

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**Purpose for which the contributions are used:**

Youth Development, Education and Health/Wellness

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**Major Program activities:**

Youth Education from K-12, Health/Wellness grants, parental resource grants

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**License History****Is this organization authorized by any other state to solicit contributions:**

Yes

Washington, DC, VA, IL, MA, NY

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**Has this organization been engaged in Unlawful practices?:**

No

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**Has the organization had its registration denied?:**

No

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**Has the organization voluntarily entered into an assurance of voluntary compliance(AVC) or agreement similiar to Florida Statutes?:**

No

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**Conflict of Interest****Have all directors, officers and trustees read and complied with the conflict of interest statement for the organization?:**

Yes

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**Owner/Management Information****Officer 1**

**Name:** PIER BLAKE  
Authorized Agent  
**Title:** Chief Executive Officer  
In Charge of Distribution  
In Charge of Solicitation  
**Phone:** 202-232-5290  
**Address:** 1930 17TH ST NW  
WASHINGTON District of Columbia 20009-6207

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**Criminal History Questions**

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] *No*
  2. Is this person compensated? *No*
  3. Has this person been convicted of, found guilty of, 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, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] *No*
  4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] *No*
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**Officer 2 - Removed**

**Name:** SHELLEY COOPER

**Title:**  
**Phone:** 913-710-3818  
**Address:** 4526 FRANCIS STREET  
KANSAS CITY Kansas 66103

### Officer 3

**Name:** JOLI COOPER-NELSON  
**Title:** Trustee  
**Phone:** 813-335-3505  
**Address:** 11101 WINTHROP WAY  
TAMPA Florida 33612

### Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] *No*
2. Is this person compensated? *No*
3. Has this person been convicted of, found guilty of, 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, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] *No*
4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] *No*

### Officer 4

**Name:** CHRISTINE GOVAN  
Authorized Agent  
**Title:** In Charge of Distribution  
Treasurer  
**Phone:** 212-309-3182  
**Address:** 675 WEST END AVENUE #8-B  
NEW YORK New York 10025

### Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] *No*
2. Is this person compensated? *No*
3. Has this person been convicted of, found guilty of, 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, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] *No*
4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] *No*

### Officer 5

**Name:** CHARLES NOBLE

**Title:** Authorized Agent  
In Charge of Distribution  
President

**Phone:** 614-496-8040

**Address:** 1308 STEAMBOAT SPRINGS, COURT  
BLACKLICK Ohio 43004

### Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] *No*
2. Is this person compensated? *No*
3. Has this person been convicted of, found guilty of, 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, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] *No*
4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] *No*

### Officer 6 - Removed

**Name:** ICILINA FERGUS

**Title:** Authorized Agent  
Vice President

**Phone:** 347-514-0708

**Address:** 4 WAGON WHEEL DR  
NEW CITY New York 10956-1315

### Officer 7

**Name:** Hope Knight

**Title:** Secretary  
Trustee

**Phone:** 212-831-9685

**Address:** 1050 Park Avenue, Apt. 9A  
New York New York 10028

### Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] *No*
2. Is this person compensated? *No*
3. Has this person been convicted of, found guilty of, 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, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] *No*
4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] *No*

### Officer 8

**Name:** Icilma Fergus-Rowe

**Title:** Authorized Agent  
Trustee  
Vice President  
**Phone:** 845-639-0935  
**Address:** 4 Wagon Wheel Drive  
New City New York 10956

### Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] *No*
2. Is this person compensated? *No*
3. Has this person been convicted of, found guilty of, 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, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] *No*
4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] *No*

### Employee Information

**Other Employees:** Not Applicable

### Branch offices, Chapters or Affiliates

**Other Locations:** Not Applicable

### Professional Solicitors

**Other Locations:** Not Applicable

### Fundraising Consultants

**Other Locations:** Not Applicable

### Commercial Co-venturers

**Other Locations:** Not Applicable

### Financial Statement

**Fiscal year ending:** 05/31/2016

**Financial statement source:** 990 w/all attached Schedules

**Uploads Attached:** Yes

#### Attached Documents

1. **Name:** 990 Return of Organization Exempt From Income Tax 2 of 2.pdf

**Type:** Financial Information

**Desc:** IRS 990 Tax Form

### Supporting Documents(List of Sources and Amounts)

## Application Questionnaire

**Did the charitable organization or sponsor receive \$25,000 or more in total revenue during the immediately preceding fiscal year?:** Yes

**Are the fundraising activities of the charitable organization or sponsor carried on by any compensated volunteers, members, or officers ?:** No

**Are any part of the assets or income of the organization or sponsor inured to the benefit of or paid to any officer or member?:** No

**Does the charitable organization or sponsor utilize a professional fundraising consultant, professional solicitor, or commercial co-venture?:** No

### Registration application Type

**Registration Application Type:** Charitable

**Registration Fee:** 300

### Preparer Information

**First Name:** Pier

**Last Name:** Blake

**Phone Number:** 202-232-5290

### Signature Information

\*  I declare under penalty of perjury that all of the information provided in this application and in any exhibits attached hereto, is true and correct.

and further state as follows:

\*  I have read the registration application and know the contents thereof; and

\*  The registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act

**Signature Name:** JJFoundation

**Signature Date:** 1/23/2018