

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



ADAM H. PUTNAM
COMMISSIONER

**SMALL 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*

**NO FEE
REQUIRED**

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

Business Information

Legal Name: Sadie's Daughter, Inc.
FEIN: 47-2587333
Business Phone: 305-562-5299
Business Address: 10360 SW 186th Street Unit 970821
Miami Florida 33197
Mailing Address: 10360 SW 186th Street Unit 970821
Miami Florida 33197
Email Address: Alecia@sadiesDaughter.org
Website Address: www.sadiesdaughter.org
Fictitious Names** SDI

**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.

Business Details

Month/Day fiscal year ends: 01/02
Organization's Internal Revenue Service Status: 501(c)(3)

Uploads Attached: Yes

Attached Documents

- Name:** 501c3.pdf
Type: Exemption Determination Letter
Desc: Tax Exempt

Purpose of the Organization:

Sadie's Daughter, Inc. is a 501(c)(3) nonprofit organization whose purpose is to mentor, educate, empower and inspire children growing up in the foster care system. We provide education by giving free lectures in foster homes, group homes, schools, libraries, and other public venues. Our Mission is to work continuously to both empower and inspire youth while providing an immediate and lasting change in their lives.

Purpose for which the contributions are used:

We provide our comprehensive programs to address the things that will help children who are at risk and in need of permanent connections due to being in foster care and spending time in the foster care system. The goal is to help them so that they succeed just as much as non-foster care children have.

Personnel Information

Officer 1

Name: Alecia Rodriguez
Authorized Agent
Title: In Charge of Distribution
In Charge of Solicitation
President
Phone: 305-491-0029
Address: 12311 SW 94th Ave
Miami Florida 33176

Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. 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**
3. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] **No**

Officer 2

Name: Amanda Vargas
Title: Director
Phone: 305-562-5299
Address: 10360 SW 186th Street Unit 970831
Miami Florida 33197

Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. 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**
3. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] **No**

Financial Statement

Fiscal year ending: 01/02/2018

Financial statement source:

Budget (Newly formed organizations only)

Budget (Newly formed organizations only)

Revenues

1.	Contributions,gifts,grants,and similar amounts received	5,000
2.	Government grants (must list sources and amounts)	0
3.	Inventory sales	
	a. Gross Revenue	0
	b. Less costs	0
	c. Net Income	0
4.	Special fundraising events	
	a. Gross revenue	0
	b. Less expenses	0
	c. Net Income	0
5.	In-Kind contributions and services	5,000
6.	Federated campaigns (must list sources and amounts)	0
7.	Program service revenue	0
8.	Membership dues and assessments	0
9.	Other revenue(must list sources and amounts)	0
10.	TOTAL REVENUE(add lines 1 through 9)	10,000

Expenses

1.	Program services(including payments to affiliates)	0
2.	Management and general	18,000
3.	Fundraising	10,000
4.	TOTAL EXPENSES(add lines 1,2, and 3)	28,000

Supporting Documents(List of Sources and Amounts)

1. Name: SDI 501c3.pdf

Type: Exemption Determination Letter

Desc: Exempt

Application Questionnaire

Did the charitable organization or sponsor receive \$25,000 or more in total revenue during the immediately preceding fiscal year?: No

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

Preparer Information

First Name: Alecia
Last Name: Rodriguez
Phone Number: 305-491-0029

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 certify that I am authorized to complete this application and the information provided is true and accurate. The above information is provided for the purpose of complying with the provisions of Chapter 496, Florida Statutes.

* I certify that the above named charitable organization or sponsor has less than \$25,000 in total revenue (including contributions).

* I certify that the fundraising activities of the above named charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the above named charitable organization or sponsor.

* I certify that the above named charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

Signature Name: Alecia Rodriguez

Signature Date: 7/25/2018