North Port & Non-profits United (NP2) Program Application

Submitted on	10 August 2024, 10:49pm
Receipt number	12
Related form version	1
Agency Name:	One Mission Disaster Response
Tax ID Number:	88-0704328
Agency Website:	https://www.onemissionresponse.com/
Agency Street Address:	2199 Terracina Drive
Unit/Suite:	
City:	Venice
State:	Florida
What county will your program serve?	Sarasota
What city will your program serve:	North Port

Application Contact Information

Prefix:	Mr.
First Name:	Matt Tuggle
Last Name:	Matt Tuggle
Job Title:	Director
Phone Number:	941-809-9992
Email Address:	matt@onemissionresponse.com

Requested Mission Support Item Information

What is your non-profits mission?

Our mission is to provide relief and supplies to those effected by disasters, natural or man-made, while sharing the word of God.

Title of Project:	Long Term Disaster Relief	
Amount Requested:	2,000.00	
Please describe the item needed:	Trailer	
In detail, how will this item assist the North Port community?	Assists in the continued effort to help residents rebuild after hurricane lan and tropical storm Debby.	
Please describe the expected impact:	Our team utilizes various tools and equipment in help residents clean up and rebuild after disaster strikes.	
Please describe what data or statistics will be utilized to measure the impact:	Data from the number of homes and residents are collected.	
Is your impact reliant on a partnership with an external agency?	No	

Strategic Pillars

Under what Strategic Pillar does your mission support item most align with and why?	Create and sustain a safe community for residents, businesses, and visitors of North Port. Our team first focuses on the rescue of victims in need immediately after disaster strikes. We then assist residence with cleaning and securing their damaged homes while assisting with temporary housing. We educate the community through free emergency management related courses that teach the community how to prepare for a disaster and how to avoid becoming a victim of fraud after disaster strikes.

Pillar 1: Safe Community

Uploads

Articles of Incorporation	Articles of Incorporation OM.pdf
IRS 501(c)3 Non-profits Determination Letter	Department of the Treasury.pdf
Most Recent IRS 990 Form	IMG_0521.png
Example/Image/Link of Support Item	IMG_0522.jpeg

Link

Signature

15/2

Link to signature





NP2 Non-Profit Application Checklist

Review each application submitted by the non-profit agency to ensure completion of application and all required documentation.

~

Documents	Complete	Notes
Application	𝒴YES ○NO	
Articles of Incorporation	ØYES ⊖NO	
501 (c) 3 Non-Profit	\bigcirc YES \bigcirc NO	
Determination Letter	,	
IRS 990 Form (if applicable)	ØYES ⊖NO	
Sunbiz Information	ØYES ○NO	
Cost of Mission Support Item	ØYES ⊖NO	\$2,000
Reasonable Purpose	Øyes ⊖no	
Link to Requested Item:	\bigcirc YES \bigcirc NO	pics but no link
Notes		×

eviewed By: <u>C. Ualdaz</u>

____ Date: <u>8|16/24</u>

Electronic Articles of Incorporation For

N22000001290 FILED February 01, 2022 Sec. Of State tscott

ONE MISSION DISASTER RESPONSE, INC.

The undersigned incorporator, for the purpose of forming a Florida not-forprofit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is: ONE MISSION DISASTER RESPONSE, INC.

Article II

The principal place of business address: 2199 TERRACINA DRIVE VENICE, FL. US 34292

The mailing address of the corporation is: P.O. BOX 21 OSPREY, FL. US 34229

Article III

The specific purpose for which this corporation is organized is:

PROVIDING SUPPLIES AND RELIEF TO COMMUNITIES EFFECTED BY DISASTER, NATURAL OR MAN MADE, WHILE TEACHING THE WORD OF GOD TO THOSE WE HELP.

Article IV

The manner in which directors are elected or appointed is: AS PROVIDED FOR IN THE BYLAWS.

Article V

The name and Florida street address of the registered agent is:

MATTHEW D TUGGLE 2199 TERRACINA DRIVE VENICE, FL. 34292

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: MATTHEW TUGGLE

N22000001290 FILED February 01, 2022 Sec. Of State tscott

Article VI

The name and address of the incorporator is:

MATTHEW TUGGLE P.O. BOX 21

OSPREY, FL 34292

Electronic Signature of Incorporator: MATTHEW TUGGLE

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P MATTHEW D TUGGLE 2199 TERRACINA DRIVE VENICE, FL. 34292 US

Title: VP DENISE TUGGLE 128 BURNEY RD OSPREY, FL. 34229 US

Title: SEC CHELSEA D TUGGLE 2199 TERRACINA DRIVE VENICE, FL. 34292 US

Title: TRES DAYNE M FORD 128 BURNEY RD OSPREY, FL. 34229 US

Article VIII

The effective date for this corporation shall be: 02/01/2022

Department of the Treasury Internal Revenue Service Tax Exempt and Government Entities IRS p.O. Box 2508 Cincinnati, OH 45201

ONE MISSION DISASTER RESPONSE INCORPORATED PO BOX 21 OSPREY, FL 34229

Date: 03/26/2022 Employer ID number: 88-0704328 Person to contact: Name: Customer Service ID number: 31954 Telephone: (877) 829-5500 Accounting period ending: December 31 Public charity status: 170(b)(1)(A)(vi) Form 990 / 990-EZ / 990-N required: Yes Effective date of exemption: February 01, 2022 Contribution deductibility: Yes Addendum applies: No DLN: 26053469002602

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the c-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

stephene a. martin

Stephen A. Martin Director, Exempt Organizations Rulings and Agreements

> Letter 947 (Rev. 2-2020) Catalog Number 35152P

One Mission Disaster Response

EIN: 88-0704328 | Osprey, Florida, United States

Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

∧ Tax Year 2023 Form 990-N (e-Postcard)

Tax Period: 2023 (01/01/2023-12/31/2023)

EIN: 88-0704328

Organization Name (Doing Business as): ONE MISSION DISASTER RESPONSE

Mailing Address: Po 21 Osprey, FL 34229 United States

Principal Officer's Name and Address: Matthew Tuggle

2199 Terracina Dr Venice, FL 34292 United States

Gross receipts not greater than: \$50,000

Organization has terminated: No

Website URL: Onemissionresponse.com

 $-(M_{1,2},\eta_{1,3},p_{1,2}) + (\gamma_{1,2},\gamma_{1,3},\eta_{1,2}) + (\gamma_{1,2},\gamma_{1,3},\eta_{1,2}) + (\gamma_{1,2},\gamma_{1,3},\eta_{1,2}) + (\gamma_{1,2},\gamma_{1,3},\eta_{1,3},\eta_{1,3}) + (\gamma_{1,2},\gamma_{1,3},\eta_{1,3},\eta_{1,3}) + (\gamma_{1,2},\gamma_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3}) + (\gamma_{1,2},\gamma_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3}) + (\gamma_{1,2},\gamma_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3}) + (\gamma_{1,2},\gamma_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3}) + (\gamma_{1,2},\gamma_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3},\eta_{1,3}) + (\gamma_{1,2},\gamma_{1,3},\eta_{1,3$

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000001290

Entity Name: ONE MISSION DISASTER RESPONSE, INC.

Current Principal Place of Business:

99 TERRACINA DRIVE √ENICE, FL 34292

Current Mailing Address:

P.O. BOX 21 OSPREY, FL 34229 US

FEI Number: 88-0704328

Name and Address of Current Registered Agent:

TUGGLE, MATTHEW D 2199 TERRACINA DRIVE VENICE, FL 34292 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

Officer/Director Detail :

Title	Р	Title	VP
Name	TUGGLE, MATTHEW D	Name	TUGGLE, DENISE
Address	2199 TERRACINA DRIVE	Address	128 BURNEY RD
City-State-Zip:	VENICE FL 34292	City-State-Zip:	OSPREY FL 34229
ītle	SEC	Title	TRES
itle Name	SEC TUGGLE, CHELSEA D	Title Name	TRES FORD, DAYNE M

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.

PRESIDENT

SIGNATURE: MATTHEW TUGGLE

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

