

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

Submitted on	9 August 2024, 2:26pm
Receipt number	10
Related form version	1

Agency Name:	100 COMMUNITY DEVELOPMENT CENTER
Tax ID Number:	99-2508513
Agency Website:	100communitydevelopment.org
Agency Street Address:	14525 TAMiami TR
Unit/Suite:	8
City:	North Port
State:	FL
What county will your program serve?	Sarasota
What city will your program serve:	North Port

Application Contact Information

Prefix:	Mr.
First Name:	Steve
Last Name:	Leclerc
Job Title:	Director of Operations
Phone Number:	941-840-8361
Email Address:	steve@100communitydevelopment.org

Requested Mission Support Item Information

What is your non-profits mission?	To promote, provide, or carry out activities, facilities, or projects for the benefit or welfare of the community
Title of Project:	Community Meal
Amount Requested:	2000
Please describe the item needed:	Commercial Freezer and/or Refrigeration
In detail, how will this item assist the North Port community?	It will increase effectiveness to provide a daily meals for the marginalized residents
Please describe the expected impact:	Provide meals for 30 to 50 people daily allowing for the organization to case management and resource referral
Please describe what data or statistics will be utilized to measure the impact:	Number of meals served
Is your impact reliant on a partnership with an external agency?	Yes via collaborations with local nonprofits providing in-kind donations of perishable food items that need refrigeration or freezing

Strategic Pillars

Under what Strategic Pillar does your mission support item most align with and why?	Our Mission supports the Quality of Life Strategic Pillar by providing a healthy nutritious meal daily which ensure that those residence experiencing food desert have access to adequate food and engagement with trained individuals to advocate for their well-being
	Pillar 2: Quality of Life

Uploads

Articles of Incorporation	Articles of Incorporation Florida 100 Community Development.pdf
IRS 501(c)3 Non-profits Determination Letter	FinalLetter_99-2508513_100COMMUNITYDEVELOPMENTCENTER_04152024_00.pdf
Most Recent IRS 990 Form	Solicitation of Contributions form 10122 8-8-24.pdf
Example/Image/Link of Support Item	Commercial Fridge.jpg

Link	https://www.katom.com/763-MR49.html? utm_source=google&utm_medium=cpc&utm_campaign=%5BROI%5D%20Shopping%20-%20PMax%20-%20Push%20SKUs%20%28new%29&utm_id=21338435665&utm_content=&utm_term=&gad_source=1&gclid=EAlaQobCh
Signature	<div> Uploaded signature image: signature.jpg</div>

NP2 Non-Profit Application Checklist

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

Agency Name: 100 Community Development Center

Tax ID: 99-2508513 Requested Amount: \$2,000

Agency Street Address: 14525 Tamiami Trail

City: North Port State: FL Zip Code: 34287

Documents	Complete	Notes
Application	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Articles of Incorporation	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
501 (c) 3 Non-Profit Determination Letter	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IRS 990 Form (if applicable)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	solicitation of contributions annual form
Sunbiz Information	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Cost of Mission Support Item	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	\$2,000
Reasonable Purpose	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Link to Requested Item:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	pic of item
Notes		

Reviewed By: C. Valdez Date: 8/16/24

**Electronic Articles of Incorporation
For**

N24000008384
FILED
July 11, 2024
Sec. Of State
fjeggleston

100 COMMUNITY DEVELOPMENT CENTER INC.

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

Article I

The name of the corporation is:

100 COMMUNITY DEVELOPMENT CENTER INC.

Article II

The principal place of business address:

14525 TAMIAMI TR.
UNIT 8
NORTH PORT, FL. US 34287

The mailing address of the corporation is:

14525 TAMIAMI TR.
UNIT 8
NORTH PORT, FL. US 34287

Article III

The specific purpose for which this corporation is organized is:

TOPROMOTE, PROVIDE OR CARRY OUT ACTIVITIES, FACILITIES
OR PROJECTS FOR THE BENEFIT OR WELFARE OF THE COMMUNITY.

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:

STEPHEN LECLERC
14525 TAMIAMI TRAIL
UNIT 8
NORTH PORT, FL. 34287

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

Registered Agent Signature: STEPHEN LECLERC

N24000008384
FILED
July 11, 2024
Sec. Of State
fjeggleston

Article VI

The name and address of the incorporator is:

STEPHEN LECLERC
14525 TAMIAMI TRAIL
UNIT 8
NORTH PORT, FL 34287

Electronic Signature of Incorporator: STEPHEN LECLERC

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: D
REBER AARON
14525 TAMIAMI TR. UNIT 8
NORTH PORT, FL. 34287 US

Title: D
STEPHEN T LECLERC
14525 TAMIAMI TR. UNIT 8
NORTH PORT, FL. 34287 US

Title: D
NATALIYA I PETROVETS
14525 TAMIAMI TRAIL UNIT 8
NORTH PORT, FL. 34287 US

Article VIII

The effective date for this corporation shall be:

07/11/2024



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

100 COMMUNITY DEVELOPMENT CENTER
C/O THE 100
14525 TAMiami TR UNIT 8
NORTH PORT, FL 34287

Date:
04/24/2024
Employer ID number:
99-2508513
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: (877) 829-5500
Accounting period ending:
December 31
Form 990-PF required:
Yes
Effective date of exemption:
April 15, 2024
Addendum applies:
No
DLN:
26053508005424

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 private foundation within the meaning of Section 509(a).

You're required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation, annually, whether or not you have income or activity during the year. 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-PF" in the search bar to view Publication 4221-PF, Compliance Guide for 501(c)(3) Private Foundations, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**SOLICITATION OF CONTRIBUTIONS
ANNUAL FINANCIAL REPORTING FORM**

Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800

Remit completed form to:

charities@FDACS.gov

or

FDACS
Solicitation of Contributions
2005 Apalachee Pkwy.
Tallahassee, FL 32399-6500

100 COMMUNITY DEVELOPMENT CENTER INC. CH# _____ DTN 26053508005424
Organization Name (Registration #) (as listed on the preprinted renewal application)

14525 TAMIAMI TR. UNIT 8 NORTH PORT FL 34287
Organization Physical Address City State Zip

FISCAL YEAR ENDING 4 / 15 / 25

☒ Yes ☐ No Is this a proposed budget? (newly formed organizations only)

☐ Yes ☐ No Is this a consolidated financial statement for chapters, branches and affiliates?

REVENUE

1. Federated campaigns:	1. 0.00
2. All Fundraising events:	2. 10,000.00
3. Related Organizations:	3. 0.00
4. Government Grants:	4. 500.00
5. All other contributions, gifts, grants & similar amounts:	5. 2,000.00
6. In-kind contributions (non- cash contributions):	6. 2,500.00
7. Program service revenue:	7. 500.00
8. Income from gaming activities:	8. 0.00
9. Sales of inventory revenue:	9. 0.00
10. Misc./Other revenue	10. 0.00
11. Membership Dues and assessments	11. 0.00
12. TOTAL REVENUE	12. 0.00

EXPENSES

1. Program services (including payments to affiliates)	1. 12,500.00
2. Management and general	2. 2,500.00
3. Fundraising	3. 0.00
4. TOTAL EXPENSES (add lines 1 through 3)	4. 15,000.00

Statement of Functional Expenses for 100 COMMUNITY DEVELOPMENT CENTER INC
(Organization Name)

CH
(Renewals Only)

ITEMS	(A) Program Services	(B) Management & General	(C) Fundraising	TOTAL for A, B, C
Grants & allocations (cash <u> </u> Non cash <u> </u>) Attach schedule				
Assistance to individuals	12,500.00			12,500.00
Benefits to or for members	0.00			0.00
Compensation to officers, etc.	0.00	0.00	0.00	0.00
Other salaries, wages, etc.	0.00	0.00	0.00	0.00
Fees for service non employees	0.00	2,000.00	0.00	2,000.00
Other benefits, pensions, etc.	0.00	0.00	0.00	0.00
Payroll taxes	0.00	0.00	0.00	0.00
Professional fundraising fees	0.00	0.00	0.00	0.00
Investment management fees	0.00	0.00	0.00	0.00
Accounting fees	0.00	100.00	0.00	100.00
Management	0.00	0.00	0.00	0.00
Legal fees	0.00	200.00	0.00	200.00
Lobbying	0.00	0.00	0.00	0.00
Office supplies	0.00	0.00	0.00	0.00
Telephone	0.00	0.00	0.00	0.00
Postage & shipping	0.00	0.00	0.00	0.00
Equipment rental	0.00	0.00	0.00	0.00
Occupancy	0.00	0.00	0.00	0.00
Printing	0.00	0.00	0.00	0.00
Travel	0.00	0.00	0.00	0.00
Conferences & meetings	0.00	0.00	0.00	0.00
Interest	0.00	0.00	0.00	0.00
Insurance	0.00	0.00	0.00	0.00
Advertising & promotions	0.00	0.00	0.00	0.00
Information technology	0.00	100.00	0.00	100.00
Royalties	0.00	0.00	0.00	0.00
Payments to affiliates	0.00	0.00	0.00	0.00
Depreciation, depletion & amortization	0.00	0.00	0.00	0.00
Other (List Item)	0.00	0.00	0.00	0.00
Other (List Item)	0.00	0.00	0.00	0.00
Other (List Item)	0.00	0.00	0.00	0.00
TOTAL EXPENSES	(A) 0.00	(B) 0.00	(C) 0.00	TOTAL 14,900.00

BALANCE SHEET:	(A) BEGINNING OF YEAR	(B) END OF YEAR
CASH, SAVINGS AND INVESTMENTS	0.00	100.00
TOTAL ASSETS	0.00	0.00
EXCESS (OR DEFICIT) FOR THE YEAR	0.00	100.00

SUPPLEMENTAL CONSOLIDATED FINANCIAL STATEMENT

You must submit financial statements for the parent organization and **each** chapter, branch, or affiliate listed in question 4 on the Registration Application. However, *if* all contributions received by the chapters, branches, or affiliates are remitted directly into a depository account which feeds directly into the parent organization's centralized accounting system from which all disbursements are made, the parent organization may submit one consolidated financial statement and IRS form 990 with all attachments, or form 990-EZ and Schedule O, for the parent organization and each chapter, branch, or affiliate that is required to file such forms. If submitting one consolidated financial statement, financial information for all branches should be combined into the amounts requested below. Please note: this form is required and may be reproduced to accommodate all affiliate locations. Additional pages using the same format may be attached if more space is needed.

Chapter, Branch, or Affiliate Name: _____

Street Address: _____ City/State/Zip: _____

Telephone Number: _____ Email: _____

Total contributions received in the name of the Chapter, Branch or Affiliate \$ _____

Total administrative costs assessed by Parent to Chapter, Branch or Affiliate \$ _____

Total payments to Chapter, Branch or Affiliate \$ _____

If a professional fundraising consultant, professional solicitor, or commercial co-venturer was utilized during any portion of this reporting period, please provide the following information for each contract entered:

☐ Professional Fundraising Consultant ☐ Professional Solicitor ☐ Commercial Co-Venturer

Name: _____

Street Address: _____ City/State/Zip: _____

Amount Received following the campaign, fundraiser, promotion or event: \$ _____

PLEASE NOTE: Financial statements from organizations that receive at least \$500,000 but less than \$1 million in annual contributions must be audited or reviewed by an independent certified public accountant. Financial statements from organizations that receive \$1 million or more in annual contributions must be audited by an independent certified public accountant. If this applies to your organization, you must submit the review or audit with this document.

I am authorized to complete this financial reporting form.

Stephen Leclerc

Signature

Director

Title

941-840-8361

Telephone Number

Stephen Leclerc

Printed Name

08/08/2024

Date

drpavel@yahoo.com

Email Address

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