

2025 - 2026 North Port & Non-profits United (NP2) Program Application

Submitted on	15 August 2025, 10:53am
Receipt number	14
Related form version	3

Agency Name:	Pregnancy Solutions
Tax ID Number:	65-1085310
Agency Website:	www.pregnancysolutions.org
Agency Street Address:	5400 S Biscayne Drive
Unit/Suite:	Unit G
City:	North Port
State:	Florida
What county will your program serve?	Sarasota
What city will your program serve:	North Port & Venice

Application Contact Information

Prefix:	Mrs.
First Name:	Grace
Last Name:	Thompson
Job Title:	Grant & Marketing Coordinator
Phone Number:	9414087100
Email Address:	grace@pregnancysolutions.org

Requested Mission Support Item Information

What is your non-profits mission?	To create thriving, hope-filled families by empowering men, women and youth with life-affirming options and support, while lifting barriers and building bridges in our local communities through medical screenings, education and resources.
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Title of Project:	Strengthening Families Through Material Support
Amount Requested:	\$2,000
Please describe the item needed:	Office Boutique Items: Baby Clothes
Are there any known or anticipated barriers to installing or using this item at your agency (e.g., space limitations, permitting requirements, or code compliance)?	No
In detail, how will this item assist the North Port community?	Our clients participate in an Earn While You Learn Program - attending individual educational classes in order to earn baby items. These items help expecting moms and dads feel confident and prepared for their baby's arrival, alleviating a portion of the financial stress associated with raising a family.
Please describe the expected impact:	New baby clothing is consistently one of the most in-demand items across all of our office boutique locations. While we gratefully accept gently used donations, the availability of new clothing remains limited despite the ongoing need. Providing new baby clothes not only meets a critical material need but also offers our clients a sense of empowerment, joy, and care during an important time in their lives. With grant funding, we can ensure that more families have access to high-quality, new clothing for their infants—something that is both deeply appreciated and impactful. In July alone, our Venice office welcomed 91 mothers and fathers who attended individual education sessions. Each of these sessions included the opportunity to shop in our boutique, where access to baby essentials is both a valuable incentive and an essential resource for the families we serve. The granted \$2,000 would allow for the purchase of 120 sleepers, 168 onesies, and 84 outfits to total 372 new baby clothes items - enough to keep our boutique stocked with fresh, high-quality baby clothes for nearly two months.
Please describe what data or statistics will be utilized to measure the impact:	To evaluate the success and impact of this grant, we will use the following metrics: 1) Client Participation - We will track the number of parents who complete individual education sessions, as each session grants them access to the boutique. 2) Redemption of Boutique Points - Each participating client earns points through program engagement, which they can redeem for baby items in our boutique. Monitoring how many clients redeem these points specifically for new baby clothing will help us measure the demand and utilization of the grant-funded items. 3) Inventory Distribution - We will track the distribution of the 372 new baby clothing items purchased through this grant, documenting how quickly these items are selected. This data will allow us to project future needs and validate that the funding is meeting an immediate, high-priority demand.
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?

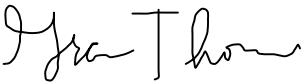
Safe Community: Our organization is establishing a safer community by providing resources to parents through an educational program. Moms and dads learn about essential parenting topics such as safe sleep, infant CPR, safety during pregnancy, car seat safety, and more. By attending our individual classes, parents gain mentorship, parenting education, and material support to establish a safe, healthy environment for their child. This grant funding would provide expecting parents with new baby clothing, easing the financial burden of purchasing baby items

and supporting the development of strong, healthy families.

Pillar 1: Safe Community

Uploads

Articles of Incorporation	Articles of Incorporation.pdf
IRS 501(c)3 Non-profits Determination Letter	IRS Determination Letter.pdf
Most Recent IRS 990 Form	Signed 2024 990 Form.pdf
Example/Image/Link of Support Item	NP2 Grant Budget 2025 - Sheet1.pdf
Link	
Signature	



[Link to signature](#)



North Port
Non-Profits United



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: Pregnancy Solutions

Tax ID: 65-1085310 Requested Amount: \$2,000

Agency Street Address: 5400 S. Biscayne Drive

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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	<u>\$2,000</u>
Reasonable Purpose	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Notes <u>Clothing for Shop</u>		

Reviewed By: C. Estrada Date: 8/18/25

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and supporting the development of strong, healthy families.

Pillar 1: Safe Community

Uploads

Articles of Incorporation

[Articles of Incorporation.pdf](#)

IRS 501(c)3 Non-profits Determination Letter

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Most Recent IRS 990 Form

[Signed 2024 990 Form.pdf](#)

Example/Image/Link of Support Item

[NP2 Grant Budget 2025 - Sheet1.pdf](#)

Link

Signature



[Link to signature](#)

ARTICLES OF INCORPORATION

OF

NEW LIFE PREGNANCY RESOURCE CENTER, INC.

FILED

01 MAR -9 PM 3: 14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

These Articles of Incorporation are made and subscribed for the purposes of organizing a corporation not for profit under the Florida Not For Profit Corporation Act, Chapter 617, Florida Statutes.

ARTICLE I - NAME

The name of this Corporation, hereinafter referred to as "the Corporation," is:

NEW LIFE PREGNANCY RESOURCE CENTER, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal office, place of business and mailing address of the Corporation is 1680 South Tamiami Trail, Unit B, Venice, Florida 34293.

ARTICLE III - PURPOSE

The purpose for which this Corporation is to be organized is exclusively for charitable, educational and scientific purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501

(c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV - LIMITATIONS AND RESTRICTIONS

A. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof.

B. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

C. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on:

1. by a corporation exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code;
or

2. by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

D. Upon dissolution of the Corporation, assets of the Corporation remaining after payment of all costs and expenses of such dissolution, shall be distributed for one or more exempt purposes or to organizations then qualifying as tax exempt within the meaning of Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code; and none of the assets will be distributed to any member, Officer or Director of the Corporation or to any private individual.

ARTICLE V - TERM AND DURATION

The existence of this Corporation shall commence on the date of subscription and acknowledgment of these Articles, and shall be perpetual.

ARTICLE VI - BOARD OF DIRECTORS

A. The affairs, property and business of the Corporation shall be managed by a Board of Directors consisting of the number of Directors determined by the Bylaws, but not less than three Directors, and in the absence of such determination, the Board shall consist of three Directors.

B. Directors of the Corporation shall serve for such terms and, at the annual meeting of members of the Corporation, be elected and hold office in the manner, as determined by the Bylaws of the Corporation. Directors may be removed and vacancies on the Board of Directors shall be filled in the manner provided in the Bylaws.

C. The initial Board of Directors of this Corporation who shall hold office until their successors are elected and have qualified, or until removed or resign, shall be:

JOSEPH G. JARRET
Address: 510 South Broadway; Bartow, FL 33830

SYDNA MASSE
Address: 1776 Hudson Street; Englewood, FL 34223

JAMES H. TITUS
Address: 1680 South Tamiami Trail, Unit B; Venice, Florida 34293

ARTICLE VII - INCORPORATOR

The name and address of the person signing these Articles is:

JAMES H. TITUS
1680 South Tamiami Trail, Unit B; Venice, Florida 34293

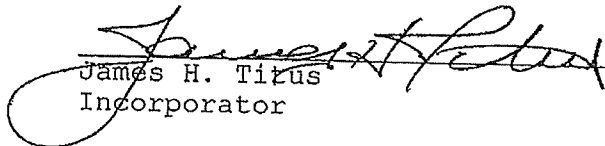
ARTICLE VIII - BYLAWS

The power to adopt, alter, amend, or repeal Bylaws shall be in the Board of Directors.

ARTICLE IX - AMENDMENT


This Corporation reserves the right to amend, alter, change, or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, in the manner now or hereafter prescribed by law.


IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 6th day of March, 2001.


James H. Titus
Incorporator

STATE OF FLORIDA
COUNTY OF SARASOTA

THE FOREGOING INSTRUMENT was acknowledged before me this 6th day of March, 2001, by JAMES H. TITUS, who is personally known to me or who produced _____ as identification and who did not take an oath.


Notary Public
Print Name: Lory Wright
My Commission expires: _____
[SEAL]

 Lory Wright
★ My Commission CC874356
Expires September 26, 2003

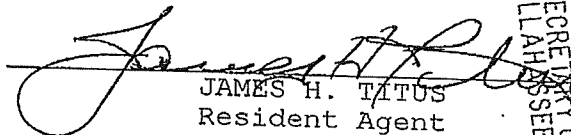
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED

Pursuant to Chapter 48.091, Florida Statutes, the following is
submitted in compliance with said Act:

First--That NEW LIFE PREGNANCY RESOURCE CENTER, INC., desiring
to organize under the laws of the State of Florida, with its
principal office, as indicated in the Articles of Incorporation at
City of Venice, County of Sarasota, State of Florida, has named JAMES
H. TITUS, 1680 South Tamiami Trail, Venice, Florida 34293, as its
agent to accept service of process within this state.


ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)


Having been named to accept service of process for the above-
stated corporation, at place designated in this Certificate, I hereby
accept to act in this capacity, and agree to comply with the
provision of said Act relative to keeping open said office.


JAMES H. TITUS
Resident Agent

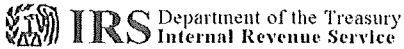
STATE OF FLORIDA
COUNTY OF SARASOTA

THE FOREGOING INSTRUMENT was acknowledged before me this 6th
day of March, 2001, by JAMES H. TITUS, who is personally known to me
or who produced _____ as identifica-
tion and who did not take an oath.


NOTARY PUBLIC
Print Name: Lory Wright
My Commission expires: _____
[SEAL]

 Lory Wright
My Commission CC874356
Expires September 26, 2003

FILED
01 MAR -9 PM 3:14
TALLAHASSEE FLORIDA
SECRETARY OF STATE



CINCINNATI OH 45999-0038

In reply refer to: 0248206070
Dec. 22, 2016 LTR 4168C 0
65-1085310 000000 00

00021635
BODC: TE

PREGNANCY SOLUTIONS INC
% MARY JANE SCHNEIDERKAHN
504 E VENICE AVE
VENICE FL 34285



14513

Employer ID Number: 65-1085310
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Dec. 13, 2016, regarding your tax-exempt status.

We issued you a determination letter in May 2001, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PREGNANCY SOLUTIONS INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 504 E VENICE AVE City or town, state or province, country, and ZIP or foreign postal code VENICE, FL 34285-4633 F Name and address of principal officer: H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
D Employer identification number 65-1085310	E Telephone number (941) 408-7100
G Gross receipts \$ 1,560,577	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.PREGNANCYSOLUTIONS.ORG
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2001 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PREGNANCY COUNSELING AND EDUCATION
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 8
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 25
	6 Total number of volunteers (estimate if necessary) 6 83
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h) 961,681 1,124,532
	9 Program service revenue (Part VIII, line 2g) 2,233 4,477
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 331,014 353,390
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e) 1,294,928 1,482,399
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,294,928 1,482,399
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 817,602 978,943
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0
	b Total fundraising expenses (Part IX, column (D), line 25) 195,776
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 402,556 410,663
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,220,158 1,389,606
	19 Revenue less expenses. Subtract line 18 from line 12 74,770 92,793
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,029,615 1,021,348
	21 Total liabilities (Part X, line 26) 582,784 512,691
	22 Net assets or fund balances. Subtract line 21 from line 20 446,831 508,657

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	REPPARD GORDON Signature of officer REPPARD GORDON, TREASURER Type or print name and title	Date
	GARY BRANNON CPA Preparer's name GARY BRANNON CPA PA Firm's name 200 CAPRI ISLES BLVD STE 7B Firm's address VENICE FL 34292	06-16-2025 Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00286595
	PAID Preparer Use Only	941-486-8297 Firm's EIN Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2024)

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001764

Entity Name: PREGNANCY SOLUTIONS, INC.**Current Principal Place of Business:**504 E. VENICE AVENUE
VENICE, FL 34285**Current Mailing Address:**504 E. VENICE AVENUE
VENICE, FL 34285 US**FEI Number:** 65-1085310**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEWART, DAVID
13275 SW PEMBROKE CIR N
LAKE SUZY, FL 34269 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:** DAVID STEWART

03/26/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name GORDON, REPPARD
Address 4517 TROPICAIRE BLVD
City-State-Zip: NORTH PORT FL 34286

Title TREASURER
Name YAGLENSKI, JOHN
Address 834 BLUE CRANE DRIVE
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name HELGEMO, KATHY
Address 431 HARVEY ST
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name FROHMILLER, RICHARD DEACON
Address 548 W BAFFIN DR
City-State-Zip: VENICE FL 34293

Title CHAIRMAN
Name STEWART, DAVID PASTOR
Address 13275 SW PEMBROKE CIR N
City-State-Zip: LAKE SUZY FL 34269

Title VC
Name PRACHAR, PAUL
Address 2210 SANDLEWOOD DR
City-State-Zip: VENICE FL 34293

Title CEO
Name ZDROJOWY, JACQUELINE
Address 6476 NORTH BISCAYNE DRIVE
City-State-Zip: NORTH PORT FL 34291

Title SECRETARY
Name PASCHKE, SKIP
Address 885 LINDEN RD
City-State-Zip: VENICE FL 34293

Continues on page 2

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.

SIGNATURE: REPPARD GORDON

TREASURER

03/26/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KUERTZ, BRIANNE
Address	684 SUGARWOOD TRAIL
City-State-Zip:	VENICE FL 34292

Strengthening Families Through Material Support		
Item	Amount	Total Cost
Sleepers (4 pack)	30	780
Onesies (6 pack)	28	600
Snap Up Outfits (3 pack)	28	616
		\$1,996

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DOCUMENT# N01000001764

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03/26/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name GORDON, REPPARD
Address 4517 TROPICAIRE BLVD
City-State-Zip: NORTH PORT FL 34286

Title DIRECTOR
Name HELGEMO, KATHY
Address 431 HARVEY ST
City-State-Zip: PUNTA GORDA FL 33950

Title CHAIRMAN
Name STEWART, DAVID PASTOR
Address 13275 SW PEMBROKE CIR N
City-State-Zip: LAKE SUZY FL 34269

Title CEO
Name ZDROJOWY, JACQUELINE
Address 6476 NORTH BISCAYNE DRIVE
City-State-Zip: NORTH PORT FL 34291

Title TREASURER
Name YAGLENSKI, JOHN
Address 834 BLUE CRANE DRIVE
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name FROHMILLER, RICHARD DEACON
Address 548 W BAFFIN DR
City-State-Zip: VENICE FL 34293

Title VC
Name PRACHAR, PAUL
Address 2210 SANDLEWOOD DR
City-State-Zip: VENICE FL 34293

Title SECRETARY
Name PASCHKE, SKIP
Address 885 LINDEN RD
City-State-Zip: VENICE FL 34293

Continues on page 2

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SIGNATURE: REPPARD GORDON

TREASURER

03/26/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KUERTZ, BRIANNE
Address	684 SUGARWOOD TRAIL
City-State-Zip:	VENICE FL 34292