

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

Submitted on	1 August 2025, 7:58am
Receipt number	1
Related form version	2

Agency Name:	Awaken Outreach Center
Tax ID Number:	92-3430890
Agency Website:	www.awakendreamcenter.com
Agency Street Address:	4940 Pan American Blvd
Unit/Suite:	
City:	NORTH PORT
State:	Florida
What county will your program serve?	Florida
What city will your program serve:	NORTH PORT

Application Contact Information

Prefix:	Mr.
First Name:	Larry
Last Name:	Grant
Job Title:	Outreach Director
Phone Number:	19415493902
Email Address:	lorenz13579@gmail.com

Requested Mission Support Item Information

What is your non-profits mission?	Our primary mission is to build relationships with our community, be kind, speak life, and show love to everyone who comes to us. Our secondary mission is to meet the physical needs of any neighbor who comes with dignity and respect. We are a place they can come to that is safe and
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offers a sense of community. Many of those served find themselves in the situation of having to decide between paying rent or putting food on the table for their family. Our goal is to end this. Our Vision is for our city to be filled with kindness, the poor to be fed, the unsheltered to be housed, the lonely to have community, and the sick to get treatment.

Title of Project:	Electric Pallet Jack
Amount Requested:	\$1929.00
Please describe the item needed:	Electric pallet jack. We use them to move pallets of food, water, and other supplies. We distribute approximately 250,000 to 280,000 pounds every month. Without electric pallet jacks this would be extremely hard.
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?	An electric pallet jack will enable us to move food and supplies much more efficiently and with less manpower. The ease of work on volunteers increases the overall productivity and distribution of food. Awaken Outreach Center directly addresses the growing problem of food insecurity in Sarasota County, particularly among vulnerable and underserved populations. Food insecurity is more than the absence of meals—it is a chronic condition that impacts physical health, emotional well-being, and the long-term stability of individuals and families. Many of our neighbors—children, seniors, individuals with disabilities, and ALICE households (Asset Limited, Income Constrained, Employed)—live on the edge of financial crisis, where one emergency can mean going without food for days. Too often, these families face impossible decisions: paying rent or buying groceries, filling a prescription or feeding their children. The effects of food insecurity ripple outward, leading to poor health outcomes, increased anxiety and depression, missed work or school, and the erosion of community ties. In moments of crisis, such as during natural disasters, pandemics, or job loss, these pressures intensify—especially for low-income households already living paycheck to paycheck. At Awaken Outreach Center, we meet this need by providing high-volume, trauma-informed food distribution through our food pantry, which now serves between 12,000 and 15,000 individuals every month. But our mission goes beyond emergency food assistance. We strive to create a safe, welcoming space where people are treated with dignity and respect—removing the stigma often associated with seeking help. By meeting people where they are, we reduce isolation, build relationships, and begin the process of long-term recovery.
Please describe the expected impact:	We are on track to serve well over 155,000 clients at our food pantry in 2025. This does not include many other outreaches and special events.
Please describe what data or statistics will be utilized to measure the impact:	We track the number of clients served through All Faiths Food Bank Link2Feed system and we track what we distribute and how much of it through the Primarius system. We track each of our outreaches and the statistical impact they are having. We also track individual success stories such as a neighbor who came to us unsheltered 4 days after Hurricane Ian. With the help of our outreach center and many amazing volunteers he has a home and now serves as a dedicated volunteer serving 5 to 6 days a week. We also make monthly and annual reports to our Board of Directors and the City of North Port. We track other things such as geographic, socioeconomic, and more. Awaken Outreach Center Demographics. The age groups served are 0-17 years of age 27%. Age 18-34 years of age 18%. Ages 35 to 59 years of age 27%. Ages over 60 is 28%. Ethnicity of clients are African American 13%, Hispanic 17%, White 60%, Asian 5%, Unknown 5%. Gender percentages are 54% female and 46% male.

Is your impact reliant on a partnership with an external agency?

We partner with All Faiths Food Bank, City of North Port Government, Mayors Feed the Hungry, Publix, Costco, North Port Police Department, North Port Fire Rescue, North Port Social Services, Community Foundation of Sarasota, and many more

Strategic Pillars

Under what Strategic Pillar does your mission support item most align with and why?

Awaken Outreach Center’s mission aligns strongly with the City of North Port’s Strategic Pillar of Quality of Life, particularly through its focus on compassion, community connection, and holistic support for residents. Our work complements and directly supports several of the City’s stated priorities and indicators, as outlined below: Priority 2: Encourage comprehensive access to health care, social, and emotional well-being for all ages • Alignment: Awaken Outreach provides direct social and emotional support to vulnerable residents through food security programs, disaster relief, and the Relaunching Lives workforce initiative. We also offer spiritual and emotional care through our CARE team and peer support model, improving mental wellness and overall stability for individuals of all ages. Priority 8: Support nonprofits providing programs to our community • Alignment: Awaken is a nonprofit actively delivering critical services, including food assistance, volunteer engagement, youth outreach, and housing referrals. We collaborate with the City of North Port Government and other agencies to ensure residents are connected to the right services, and we serve as a trusted local partner in bridging accessibility gaps. Priority 9: Aid citizens in developing life skills to reach self-sufficiency and housing stability • Alignment: Our Relaunching Lives program focuses on workforce development for clients who are also volunteers, helping them build employment skills, navigate training opportunities, and access support services that promote long-term self-sufficiency. Many have transitioned from unsheltered or unstable housing into jobs and permanent residences through our support. Priority 10: Create opportunities through community partnerships and collaboration • Alignment: Awaken works closely with the City of North Port, All Faiths Food Bank, local schools, churches, and businesses to host large-scale events (e.g., Day 4 Hope, Hope for Christmas, and mobile disaster relief). These efforts promote collaboration, expand resources, and enrich life experiences for residents. Priority 12: Provide a robust system of services that increase wellness and enrich life • Alignment: Awaken Outreach operates as a place of wellness, healing, and connection. Through community events, food distribution, and volunteer engagement, we increase resident well-being while fostering a sense of belonging—especially for underserved populations. In short, Awaken Outreach Center is not just aligned with North Port’s strategic priorities—we are actively advancing them every day. Our mission to “build relationships, speak life, and show love to all” reflects the City’s vision of community cohesion, quality services, and enriched lives for every resident.

Pillar 2: Quality of Life

Uploads

Articles of Incorporation

[1. Articles of Incorporation.pdf](#)

IRS 501(c)3 Non-profits Determination Letter

[501c3 letter.pdf](#)

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**NP²**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: Awaken Outreach

Tax ID: 92-3430890 Requested Amount: \$1929

Agency Street Address: 4940 Pan American Blvd

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>\$1,929</u>
Reasonable Purpose	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Notes <u>Electric Pallet Jack</u>		

Reviewed By: C. Estrada Date: 8/12/25

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Pillar 2: Quality of Life

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Example/Image/Link of Support Item

[PALLETJACK.jpg](#)

Link

Signature

A handwritten signature in black ink, consisting of a series of loops and strokes, positioned below the 'Signature' label.

[Link to signature](#)

Articles of Incorporation

Awaken Outreach Center, Inc.

Articles of Incorporation

Instructions



What To Do:

- Please **read** this instructions page carefully. If you still have questions, please give your specialist a call at 770-638-3444.
- **Print** and **sign** the Articles of Incorporation
- **Package** the following documents:
 - ✓ Cover letter
 - ✓ Signed Articles of Incorporation
 - ✓ One **additional** photocopy of the signed Articles of Incorporation
 - ✓ A **check** to the **Department of State** for **\$78.75**
 - ✓ A pre-addressed and stamped envelope with the following address:

StartCHURCH
Attn: Johana Sosa
P.O. Box 465017
Lawrenceville, GA 30042

- **Mail** the package to the state **no later than 4/5/5023** to the following address:

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

What's Next?

Once you've mailed the package to the State, please respond to this email by saying, **"I sent it!"**

Additional Requirements

After you have incorporated your corporation may be responsible for filing the following:

- **Annual Report:** Due between January 1st and May 1st of every year.

For more information about these reports, please visit: <http://dos.myflorida.com/sunbiz/manage-business/efile/annual-report/>

COVER LETTER

Mail to:

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Awaken Outreach Center, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

☒ \$78.75
Filing Fee
& Certified Copy

Once these Articles have been approved, please send a certified copy to the following address:

StartCHURCH
Attn: Johana Sosa
P.O. Box 465017
Lawrenceville, GA 30042

The contact phone number is (770) 638-3444. Thank you for your assistance in this matter.

FROM: Brian E. Zdrojowy
390 Flamingo Blvd.
Port Charlotte, FL 33954
(443) 340-4954

NOTE: Please provide the original and one copy of the articles.

Articles of Incorporation

Awaken Outreach Center, Inc.

Florida Not for Profit Corporation

The undersigned hereby adopts the following articles of incorporation in Compliance with Chapter 617, F.S., (Not for Profit).

Article 1 Name

The name of this corporation shall be Awaken Outreach Center, Inc.

Article 2 Principal Office

The principal street address is:

4940 Pan American Blvd.
North Port, FL 34287

And mailing address is:

390 Flamingo Blvd.
Port Charlotte, FL 33954

Article 3 Purpose

The specific purpose for which the corporation is initially organized is to be a faith-based community development organization serving our local community by engaging in a broad range of strategies that promote community health, education, and development and to also engage in activities which are necessary, suitable or convenient for the accomplishment of that purpose, or which are incidental thereto or connected therewith which are consistent with Section 501(c)(3) of the Internal Revenue Code. This corporation is organized and operated exclusively for charitable and religious purposes within the meaning of Section 501(c)(3), Internal Revenue Code.

Article 4 Manner Of Appointing Directors

Directors shall be appointed in the manner set forth in the bylaws. Directors may be removed and the vacancies shall be filled in the manner provided by the bylaws.

Article 5 Initial Directors

The directors named in these articles shall serve as initial directors for the ensuing year, or until the first meeting of the corporation, and any vacancies before then shall be filled in the manner set forth in the bylaws.

President/Director
Brian E. Zdrojowy
6476 N. Biscayne Dr.
North Port, FL 34291

Secretary/Director
Carol Reynold
12280 Corporal Cir.
Port Charlotte, FL 33953

Treasurer/Director
William Taaffe
1586 Sareta Terrace
North Port, FL 34286

Director
Larry Grant
5545 Tropicaire Blvd.
North Port, FL 34291

Director
Dave Gordon
2833 Dooling St.
North Port, FL 34291

Article 6 Initial Registered Office And Agent

The name and street address of the Initial Registered Agent of the corporation is as follows:

Brian E. Zdrojowy
390 Flamingo Blvd.
Port Charlotte, FL 33954

Article 7 Incorporator

The name and address of the Incorporator is:

Brian E. Zdrojowy
6476 N. Biscayne Dr.
North Port, FL 34291

Article 8 Members

This corporation shall not have members.

Article 9 Term And Dissolution

The date of commencement of corporate existence shall be when these articles have been filed with the Department of State and approved by it and the respective filing fee has been paid; the term for which the corporation is to exist shall be perpetual.

In the event of dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Article 10 Non Profit Organization

No part of the net earnings of the corporation shall ever inure to the benefit of, or be distributable to its members, directors, 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 3. 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 any candidate for public office.

Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on: (a) by a corporation exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law or: (b) by a corporation, contributions to which are deductible under Section 170(c) of the Internal Revenue Code of 1986 or the corresponding provisions of any future United States Internal Revenue laws.

Article 11 Bylaws

The first bylaws of the corporation shall be adopted by the board of directors and may be amended, altered or rescinded by the board of directors in the manner provided by such bylaws.

Article 12 Amendments To Articles Of Incorporation

These articles of incorporation may be amended in the manner provided by statute or in the following manner:

Every amendment shall be approved by the board of directors.

I, THE UNDERSIGNED INCORPORATOR, for the purposes of becoming a corporation not for profit under the provisions of the laws of Florida, do make and affix my signature to acknowledge and file in the office of the Secretary of State these articles of incorporation.

Brian E. Zdrojowy

Date

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Brian E. Zdrojowy

Date



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

AWAKEN OUTREACH CENTER INC
390 FLAMINGO BLVD
PORT CHARLOTTE, FL 33954

Date:
06/21/2023
Employer ID number:
92-3430890
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:
March 14, 2023
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053566003073

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 e-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,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

A For the 2024 calendar year, or tax year beginning, 2024, and ending

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Awaken Outreach Center, Inc

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

4940 Pan American Blvd

City or town, state or province, country, and ZIP or foreign postal code

North Port, FL 34287

D Employer identification number

-*0890

E Telephone number

(941) 200-5400

F Group Exemption Number

G Accounting Method:

☒ Cash

☐ Accrual

Other (specify):

H Check ☒ if the organization is not required to attach Schedule B (Form 990).

I Website:

www.myawaken.church

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization:

☒ Corporation

☐ Trust

☐ Association

☐ Other:

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ 154,224.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		
Check if the organization used Schedule O to respond to any question in this Part I		
Revenue	1	Contributions, gifts, grants, and similar amounts received
	2	Program service revenue including government fees and contracts
	3	Membership dues and assessments
	4	Investment income
	5a	Gross amount from sale of assets other than inventory
	5b	Less: cost or other basis and sales expenses
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)
	6	Gaming and fundraising events:
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)
Expenses	6c	Less: direct expenses from gaming and fundraising events
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
	7a	Gross sales of inventory, less returns and allowances
	7b	Less: cost of goods sold
	7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)
	8	Other revenue (describe in Schedule O)
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8
	10	Grants and similar amounts paid (list in Schedule O)
	11	Benefits paid to or for members
	12	Salaries, other compensation, and employee benefits
Net Assets	13	Professional fees and other payments to independent contractors
	14	Occupancy, rent, utilities, and maintenance
	15	Printing, publications, postage, and shipping
	16	Other expenses (describe in Schedule O)
	17	Total expenses. Add lines 10 through 16
	18	Excess or (deficit) for the year (subtract line 17 from line 9)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
	20	Other changes in net assets or fund balances (explain in Schedule O)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: ; section 4912: ; section 4955:		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed:		
42a The organization's books are in care of: Brian Zdrojowy Telephone no. 941-200-5400 Located at: 390 Flamingo Blvd, Port Charlotte, FL ZIP + 4 33954		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?		X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** ☐ Yes ☒ No

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II **47** ☐ Yes ☒ No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☒ No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No

b If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☐ No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 **0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. **0**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☒ Yes ☐ No

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	Signature of officer Brian Zdrojowy, President		Date	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name Justin Mays	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P****0808
	Firm's name Worksite Financial Services, LLC		Firm's EIN **-***9885	
	Firm's address 2579 N Toledo Blade Blvd North Port, FL 34289		Phone no. 941-677-0110	

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

UYA

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

Awaken Outreach Center, Inc

Employer identification number

-*0890

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						0.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	00.00%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	00.00%
16a 33 1/3 % support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3 % support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				64,983.	154,222.	219,205.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				64,983.	154,222.	219,205.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						219,205.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6				64,983.	154,222.	219,205.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	0.	0.	0.	64,983.	154,222.	219,205.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)).	15	100.00%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	00.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	17	00.00%
18 Investment income percentage from 2023 Schedule A, Part III, line 17.	18	00.00%

19a **33¹/₃ % support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33¹/₃%, and line 17 is not more than 33¹/₃%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☒

b **33¹/₃ % support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/₃%, and line 18 is not more than 33¹/₃%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.		
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI.		
b Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**).

See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Total annual distributions. Add lines 1 through 6.	6
7	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7
8	Distributable amount for 2024 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required- <i>explain in Part VI</i>). See instr.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part I Awaken Outreach receives all donations from public and through the publicly

Part I supported Awaken church

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SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Awaken Outreach Center, Inc

Employer identification number

****-***0890**

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Name of the organization

Employer identification number

Awaken Outreach Center, Inc

-*0890

Part I Line 16

Advertising and promotion \$330.00

Part I Line 16

Other office expenses \$2603.00

Part I Line 16

Travel \$10.00

Part I Line 16

Depreciation, depletion, and amortization \$652.00

Part I Line 16

Outreach Expenses \$37632.00

Part I Line 16

Food Pantry \$62747.00

Part I Line 16

Repair & Maintenance \$1595.00

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Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024Attachment
Sequence No. **179**

Name(s) shown on return

Awaken Outreach Center, Inc

Business or activity to which this form relates

FORM 990EZ - 1

Identifying number

****-***0890****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11.	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12.	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		4,565.	7 yrs	HY	200 DB	652.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
			31.5 y	MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	652.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Details for Form 990, Part IX, Line 13

_*0890

Date	Description	Amount
	Office Supplies	870.97
	Office Expenses	816.28
	Bank fees	45.00
	Licenses & Permit	575.25
	Dues	295.97
Total		2,603.47

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2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000003682

Entity Name: AWAKEN OUTREACH CENTER, INC.

Current Principal Place of Business:

4940 PAN AMERICAN BLVD.
NORTH PORT, FL 34287

Current Mailing Address:

390 FLAMINGO BLVD.
PORT CHARLOTTE, FL 33954 US

FEI Number: 92-3430890

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRIAN E. ZDROJOWY
390 FLAMINGO BLVD.
PORT CHARLOTTE, FL 33954 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

Date

Officer/Director Detail :

Title PD
Name BRIAN E. ZDROJOWY
Address 6476 N. BISCAYNE DR.
City-State-Zip: NORTH PORT FL 34291

Title TD
Name SCHNITZLER, EDWARD
Address 7515 HANCHEY STREET
City-State-Zip: NORTH PORT FL 34287

Title D
Name DAVE GORDON
Address 2833 DOOLING ST.
City-State-Zip: NORTH PORT FL 34291

Title SD
Name CAROL REYNOLD
Address 12280 CORPORAL CIR.
City-State-Zip: PORT CHARLOTTE FL 33953

Title D
Name LARRY GRANT
Address 5545 TROPICAIRE BLVD.
City-State-Zip: NORTH PORT FL 34291

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: BRIAN ZDROJOWY

PRESIDENT

03/18/2025

Electronic Signature of Signing Officer/Director Detail

Date

6:44



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Apollo Full Electric Pallet Truck Lithium Power Pallet Jack Truck
3300 lbs Capacity 48" L x 27" W Forks for Material Handling, Strong
Torque for Climbing, Suitable for Warehouse, Supermarket, A-1037



Size: 48" x27"

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Yellow-330...

\$1,710⁰⁰

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Yellow-330...

\$3,439⁹⁹

In stock



Yellow-440...

\$1,979⁹⁹

In Stock



amazon.com



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Date

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SIGNATURE: BRIAN ZDROJOWY

PRESIDENT

03/18/2025

Electronic Signature of Signing Officer/Director Detail

Date