



Florida Department of Agriculture and Consumer Services
NICOLE "NIKKI" FRIED, Commissioner
Division of Consumer Services
PO Box 6700 Tallahassee FL 32314-6700

August 4, 2019

Division of Consumer Services
2005 Apalachee Parkway
Tallahassee, Florida 32399
1-800-HELP-FLA
FAX 850-410-3804

ZION MINISTRIES INTERNATIONAL, INC.
PO BOX 1405
HALLANDALE, FL 33008-1405

SAVE TIME - REGISTER ONLINE
www.FreshFromFlorida.com

SUBJECT: SOLICITATION OF CONTRIBUTIONS ANNUAL RENEWAL REGISTRATION
Registration Number: CH15345 Expiration Date: September 17, 2019

Your annual state registration as a charitable organization or sponsor under the Solicitation of Contributions Act is **NOW DUE**. Pursuant to Chapter 496, Florida Statutes, charitable organizations and sponsors are required to register annually with the Department of Agriculture and Consumer Services. In addition, you are required to provide financial information for the immediately preceding fiscal year by filing the Department's financial report form or a complete copy of your Internal Revenue Service Form 990 and all attached schedules or your Form 990-EZ and Schedule O.

Enclosed for your convenience is a pre-printed Renewal Registration Form with registration information from your last annual registration. Please note any changes by crossing out the incorrect information and entering the correct information in ink. Return it with the financial information to the Department at 2005 Apalachee Parkway, Tallahassee, Florida 32399. Your registration application **MUST BE RECEIVED BEFORE** your current registration expires.

If a charitable organization or sponsor that has filed for this exemption actually acquires total revenue equal to or in excess of \$25,000 at any time during its fiscal year, the charitable organization or sponsor must register with the department as required by s. 496.405, F.S. within 30 days after the date the revenue reaches \$25,000 using FDACS-10100 Rev 01/15.

PLEASE BE ADVISED that if it is determined you are operating as a charitable organization or sponsor in violation of Chapter 496, Florida Statutes, the Department will seek its available legal remedies against you. Failure to comply with this law will subject you to a cease and desist order and monetary fines up to \$5,000 per violation.

If you have any questions, please contact this office at (800) 435-7352, or (850) 410-3800 if calling from outside Florida.

Sincerely,

NICOLE "NIKKI" FRIED
COMMISSIONER OF AGRICULTURE

SAVE TIME BY RENEWING ONLINE at www.freshfromflorida.com.



Florida Department of Agriculture & Consumer Services
Division of Consumer Services

**RENEWAL REGISTRATION STATEMENT
FOR SMALL CHARITABLE ORGANIZATIONS AND
SPONSORS**

SOLICITATION OF CONTRIBUTIONS ACT

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

**NICOLE "NIKKI" FRIED
COMMISSIONER**

Remit application to:

FDACS
Solicitation of Contributions
2005 Apalachee Parkway
Tallahassee FL 32399

www.800helpfla.com
1-800-HELP-FLA(435-7352)
1-850-410-3800
Fax: 1-850-410-3804

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

ZION MINISTRIES INTERNATIONAL, INC.

Registration Number: CH15345 Expiration Date: September 17, 2019 FEID Number: 16-1655542

In order for this applicant to continue to legally solicit in the state, registration must be renewed prior to the expiration date. Please return the forms WITH NO REGISTRATION FEE and a copy of the Department's statement of revenue/support and expenses, the Internal Revenue Service Form 990 with all attached schedules, or the Internal Revenue Service Form 990-EZ and schedule 0, for the immediately preceding fiscal year, to the above address.

1. Principal Street Address:

Name: ZION MINISTRIES INTERNATIONAL, INC.

Street Address: 870 NW 213TH LN APT 201

City, State and Zip: MIAMI, FL 33169-2044

Phone: 305-967-9700

E-mail zioncares@aol.com

Web site: _____

Fax: _____

2. Mailing Address (if different):

Name: _____

Street Address: PO BOX 1405

City, State and Zip: HALLANDALE, FL 33008-1405

Phone: _____

3. Fictitious (DBA) Name: _____

4. Other name(s) soliciting as:

OUT OF ZION DANCERS

Z.

5. Month/Day fiscal year ends: _____

12/31

Month / Day

6. IRS Tax exempt: 501(C)(3)

If changed, enclose copy of IRS notice.



7. List the names, street addresses, and telephone numbers of the individuals or officers who have final responsibility for the final distribution of contributions: [s. 496.406(2)(d), F.S.] (attach additional sheets as necessary using the same format)

NOTE: Pursuant to s. 496.405(8), F.S., no charitable organization or sponsor, or an officer, director, trustee, or employee thereof, may not knowingly allow an officer, director, trustee, or employee of the charitable organization or sponsor to solicit contributions on behalf of such charitable organization or sponsor if such officer, director, trustee, or employee has, in any state, regardless of adjudication been convicted of, been found guilty of or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or been found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years or any crime within the last 10 years involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor, or has been enjoined in any state from violating any law relating to a charitable solicitation. The prohibitions in this subsection also apply to a misdemeanor in another state which constitutes a disqualifying felony in this state.

Exemptions from public records apply to certain personal information about current or former law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers and guardians ad litem and their families. For a complete list of exemptions, see Section 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your home address and phone number below.

Name: MCGILL-JACKSON, GERALYN

Street Address: 870 NW 213TH

City, State, and Zip: MIAMI, FL 33169

Contact Phone: 305-834-5281

Criminal History ☐ Yes ☐ No

Compensated (Y/N): N

Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No

Name: _____

Street Address: _____

City, State, and Zip: _____

Contact Phone: _____

Criminal History ☐ Yes ☐ No

Compensated (Y/N): _____

Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No

Name: _____

Street Address: _____

City, State, and Zip: _____

Contact Phone: _____

Criminal History ☐ Yes ☐ No

Compensated (Y/N): _____

Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No

8. What is the purpose for which the organization is organized?

RELIGIOUS, ARTS, EDUCATIONAL, SOCIAL SERVICES

9. What is the purpose for which the contributions will be used?

ARTS EDUCATION & PRESENTATION, SCHOLARSHIPS, RELIGIOUS PROGRAMMING, EDUCATION, & SOCIAL SERVICES

FINANCIAL STATEMENT

- ☐ 180 Day Extension requested for financial statement only. (Failure to file a financial statement within the 180 days will result in automatic suspension of your registration.) [s. 496.405(1)(d)2, FS]

FOR ORGANIZATIONS HAVING UNDER \$25,000 TOTAL REVENUE FOR FISCAL YEAR ENDING ____/____/____

Note: In lieu of completing the following financial statement, you may send the IRS 990 and all attached schedules or 990-EZ and schedule O.

IRS form 990N - ePostcard or IRS 990-PF are NOT acceptable financial statements.

- ☐ Yes ☐ No If newly formed, is this to be considered a budget?
- ☐ Yes ☐ No Is this a consolidated financial statement for chapters, branches and affiliates?
- ☐ Yes ☐ No Did anyone receive pay or benefits (member, officer or employee)?

REVENUE

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

EXPENSES

- | | |
|--|----------|
| 1. Program services (including payments to affiliates) | 1. _____ |
| 2. Management and general | 2. _____ |
| 3. Fundraising | 3. _____ |
| 4. TOTAL EXPENSES (add lines 1 through 3) | 4. _____ |

CERTIFICATION

I, _____, am the _____

Name Title

of _____
Name of Organization or Company

And further state as follows: (Please check all that apply)

- ☐ I certify that I am authorized to complete this application and the information provided is true and accurate. The above information is provided for the purpose of complying with the provisions of Chapter 496 Florida Statutes.
- ☐ I certify that the above named charitable organization or sponsor has less than \$25,000 in total revenue during the immediately preceding fiscal year.
- ☐ I certify that the fundraising activities of the above named charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the above named charitable organization or sponsor.
- ☐ I certify that the above named charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

If you checked all of the above do not submit any fees.

If all of the above are not certified, then FDACS-10100, Solicitation of Contributions Registration Application, Rev. 01/15 must be completed.

Signature

Print or Type Name

Date

(____) _____ - _____
Telephone Number

Email Address

ATTACHMENT B
Officers, Directors, Trustees, and Principal Executive Personnel

Please list officers, directors, trustees, and principal executive personnel:

Exemptions from public records apply to certain personal information about current or former law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers and guardians ad litem and their families. For a complete list of exemptions, see Section 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your home address and phone number below.

1. Last Name, First Name: WYNTER, JAMIE Title: Secretary
Street Address: 14367 SW 100TH LN Phone Number: 786-303-2120
City, State, and Zip: MIAMI, FL 33186-6962 Compensated (Y/N): N
Criminal History: ☐ Yes ☐ No
Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No
2. Last Name, First Name: WYNTER, JAMIE Title: Vice President
Street Address: 14367 SW 100TH LN Phone Number: 786-303-2120
City, State, and Zip: MIAMI, FL 33186-6962 Compensated (Y/N): N
Criminal History: ☐ Yes ☐ No
Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No
3. Last Name, First Name: YASHMINAY, MOLINA Title: Treasurer
Street Address: 612 ESTUARY TRL Phone Number: 786-556-7394
City, State, and Zip: ALPHARETTA, GA 30005 Compensated (Y/N): N
Criminal History: ☐ Yes ☐ No
Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No
4. Last Name, First Name: YASHMINAY, MOLINA Title: Vice President
Street Address: 612 ESTUARY TRL Phone Number: 786-556-7394
City, State, and Zip: ALPHARETTA, GA 30005 Compensated (Y/N): N
Criminal History: ☐ Yes ☐ No
Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No
5. Last Name, First Name: YASHMINAY, MOLINA Title: Secretary
Street Address: 612 ESTUARY TRL Phone Number: 786-556-7394
City, State, and Zip: ALPHARETTA, GA 30005 Compensated (Y/N): N
Criminal History: ☐ Yes ☐ No
Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No
6. Last Name, First Name: _____ Title: _____
Street Address: _____ Phone Number: _____
City, State, and Zip: _____ Compensated (Y/N): _____
Criminal History: ☐ Yes ☐ No
Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No
7. Last Name, First Name: _____ Title: _____

7. Last Name, First Name: _____ Title: _____
Street Address: _____ Phone Number: _____
City, State, and Zip: _____ Compensated (Y/N): _____
Criminal History: ☐ Yes ☐ No
Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No

8. Last Name, First Name: _____ Title: _____
Street Address: _____ Phone Number: _____
City, State, and Zip: _____ Compensated (Y/N): _____
Criminal History: ☐ Yes ☐ No
Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No

DISCLOSURE REQUIREMENTS

This notice serves as a reminder that the Solicitation of Contributions Act requires registered charities to conspicuously display their registration number and the disclosure statement below on every solicitation, confirmation, receipt, or reminder of a contribution, including websites. s. 496.411, F.S.

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The disclosure statement must include a toll-free number and website for the Division of Consumer Services which can be used to obtain the registration information.

1-800-HELP-FLA (435-7352)
www.FloridaConsumerHelp.com

If the solicitation occurs on a website, the statement must be conspicuously displayed on any webpage that identifies a mailing address where contributions are to be sent, identifies a telephone number to call to process contributions, or provides for online processing of contributions. If you have any concerns about where the registration number should be placed on your website, please call us at the number below.

MAILING ADDRESS

Please note that mail drops, physical addresses of UPS stores or other third party mail recipients are not considered principal addresses for a charity. A physical address of the charitable organization is required. Adherence to this requirement will reduce the number of deficiency letters and expedite the processing of applications.

We appreciate your cooperation. If you have any questions or require assistance, please contact us at 800-435-7352 or via email at charities@freshfromflorida.com. Failure to comply with these requirements could result in penalties up to \$5,000.

