



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**CHARITABLE ORGANIZATIONS / SPONSORS
REGISTRATION APPLICATION**

Solicitations of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Make Check or Money Order
Payable to FDACS and remit
with application to:

FDACS
P.O. Box 6700
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S. PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed. All fees are non-refundable.

Business Information

☒ New Application ☐ Renewal CH _____

1. Legal Name of Organization:

NamaStacy Yoga Corporation

*** Fictitious (DBA) Name:**

**If you are a Florida organization, all fictitious names must be registered with the Florida Department of State, Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations.*

Other Names Soliciting As:

2. Street Address (include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations):

2206 South Cypress Bend Drive, Unit # 801

City: Pompano Beach **State:** FL **Zip Code:** 33069 -

Mailing Address (if different from above):

1161 Holland Drive

City: Boca Raton **State:** FL **Zip Code:** 33487 -

3. Telephone Number:

(954) 295 - 2458

Fax Number:

() -

Email Address for Organization:

namastacyyoga@yahoo.com

Website:

www.namastacyyoga.net

4. Registration Application Type: [ss. 496.404(1), 496.404(15), 496.404(21), F.S.]

☒ Charitable ☐ Charitable/Parent ☐ Sponsor ☐ Sponsor/Parent

5. Form of organization: [ss. 496.405(2) (f), 496.409(2) (b), 496.410(2) (b), (c), F.S.]

☒ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship

☐ Other (please describe):

Date incorporated or legally established:

07 / 17 / 2013
Month Day Year

State:

Florida

6. Federal Employer ID Number [s. 119.092, F.S.]:

46 - 3220610

Org Code: 42 10 06 25 000
EO: A2
Object Code: 001133 \$10.00 - \$400.00

7. List all officers, directors, trustees, and principal salaried executive personnel: [s. 496.405(2)(g)2, F.S.]
(attach additional sheets as necessary using the same format)

| | |
|---|---|
| Name: Corbin W. Stacy | Name: Donna Nurmi |
| Title: Director, President, Treasurer and Secretary | Title: Director, Vice President |
| Street Address: 2206 South Cypress Bend Drive, Unit # 801 | Street Address: 2129 General Booth Blvd, Ste 103-185 |
| City: Pompano Beach | City: Virginia Beach |
| State: Florida Zip Code: 33069 - | State: Virginia Zip Code: 23454 - |
| Telephone Number: (954) 295 - 2458 Compensated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Telephone Number: (757) 576 - 1170 Compensated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|---|---|
| Name: Jennifer Cohen | Name: |
| Title: Director, Vice President | Title: |
| Street Address: 2481 NW 66th Drive | Street Address: |
| City: Boca Raton | City: |
| State: Florida Zip Code: 33496 - | State: Zip Code: - |
| Telephone Number: (561) 809 - 8373 Compensated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Telephone Number: () - Compensated? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|---|
| Name: | Name: |
| Title: | Title: |
| Street Address: | Street Address: |
| City: | City: |
| State: Zip Code: - | State: Zip Code: - |
| Telephone Number: () - Compensated? <input type="checkbox"/> Yes <input type="checkbox"/> No | Telephone Number: () - Compensated? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No | Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No |

8a. List all branch offices, chapters or affiliates located in the State of Florida. (attach additional sheets as necessary using the same format)

| | |
|--|--|
| Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ - _____ Telephone Number: (_____) _____ - _____ Email: _____ | Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ - _____ Telephone Number: (_____) _____ - _____ Email: _____ |
|--|--|

8b. If the charitable organization or sponsor does not maintain an office in Florida, provide the name, street address, and telephone number of the person having custody of the financial records.

Name: _____ **Title:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____ - _____
Telephone Number: _____ **Email:** _____
(_____) _____ - _____

9. Have the charitable organization or sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? [s. 496.405(2)(d)5, F.S.]

☐ Yes ☒ No

If yes, please provide the following information for each individual: (attach additional sheets as necessary using the same format) **Please Note** individuals with a criminal history are unable to solicit funds.

Name: _____

| | |
|--|--|
| Nature of offense: _____ | Date: _____/_____/_____ <small>Month Day Year</small> |
| Court having jurisdiction: _____ | |
| Disposition of offense: _____ | Date: _____/_____/_____ <small>Month Day Year</small> |

Does this individual engage in solicitation activities? ☐ Yes ☐ No

- 10.** Have the charitable organization or sponsor or *any of its officers, directors, trustees, or employees*, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulting from acts committed while involved in the solicitation of contributions within the last 10 years?
[s. 496.405(2)(d)6, F.S.]

☐ Yes ☒ No If yes, please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name:

Court issuing the injunction:

Date of injunction:

____ / ____ / ____
Month Day Year

- 11.** List name of person(s) with primary responsibility for solicitation or fundraising activities: [s. 496.405(2)(c), F.S.]

| | | |
|----------------|--|--------------------------|
| Name: | Street Address: | Telephone Number: |
| Corbin W Stacy | 2206 South Cypress Bend Drive, Unit # 801, Pompano Beach, FL | 954-295-2458 |

| | | |
|--------------|------------------------|--------------------------|
| Name: | Street Address: | Telephone Number: |
| | | |

Criminal History: ☐ Yes ☒ No

- 12.** List the name, address, and telephone number(s) of person(s) responsible for the custody and final distribution of contributions: [s. 496.405(2)(g)5, F.S.]

| | | |
|----------------|--|--------------------------|
| Name: | Street Address: | Telephone Number: |
| Corbin W Stacy | 2206 South Cypress Bend Drive, Unit # 801, Pompano Beach, FL | 954-295-2458 |

| | | |
|--------------|------------------------|--------------------------|
| Name: | Street Address: | Telephone Number: |
| | | |

Criminal History: ☐ Yes ☒ No

- 13.** Month/Day fiscal year ends: [s. 496.405(2)(g)3, F.S.] 12 / 31
Month Day

- 14.** Has organization been granted tax exempt status by the Internal Revenue Service? [s. 496.405(2)(f), F.S.]

- ☐ Yes 501(c)_____ If yes, you must attach a copy of the tax exemption determination letter from the IRS.
(insert number)
- ☐ No
- ☒ Pending (tax exemption determination letter must be submitted with renewal)

- 15.** What is the purpose for which the organization is organized? (Briefly and concisely explain the purpose for which your organization was created. For purposes of public assistance and disclosure this office provides, it is best to summarize this information in your own words. Use only the space provided.) [s. 496.405(2)(b), F.S.]

The Corporation is organized exclusively for charitable, scientific and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986. The primary purpose of the Corporation is to (i) enhance awareness, education and research into the teachings and practice of yoga and (ii) provide financial aid, without regard to race, creed or color, for aspiring yoga students and teachers anywhere in the world to pursue higher education.

- 16.** What is the purpose for which the contributions will be used? (Briefly and concisely explain the purpose for which contributions will be used. Use only the space provided. Do not reference 990 or include an attachment.) [s. 496.405(2)(b), F.S.]

The primary purpose of the contributions is to provide financial aid and scholarships to aspiring yoga students and teachers that can be used by said students and teachers for education and certification classes and seminars.

17. List major program activities: (Briefly and concisely list the main activities in which your organization participates in order to accomplish the purpose stated in the previous question. Use only the space provided.) [s. 496.405(2)(g)4, F.S.]

The Corporation intends to organize and undertake seminars, fundraisers and special events to (i) further the awareness of the teachings and practice of yoga and (ii) solicit donations.

18. Is this charitable organization/sponsor authorized by any other state to solicit contributions? [s. 496.405(2)(d)1, F.S.]

☐ Yes ☒ No

19. Has the charitable organization/sponsor or any of its officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? [s. 496.405(2)(d)2, F.S.]

☐ Yes ☒ No

20. Has the charitable organization/sponsor had its registration or authority denied, suspended, or revoked by any governmental agency? [s. 496.405(2)(d)3, F.S.]

☐ Yes ☒ No If yes, please explain the reasons for the denial, suspension or revocation:

21. Has the charitable organization/sponsor voluntarily entered into an assurance of voluntary compliance (AVC) or agreement similar in any jurisdiction to that set forth in s. 496.420, Florida Statutes? (This is not common.) [s. 496.405(2)(d)4, F.S.]

☐ Yes ☒ No If yes, attach a copy of the agreement.

22. Does the charitable organization or sponsor employ a professional solicitor? [s. 496.405(2)(e), F.S.]

☐ Yes ☒ No If yes, attach a copy of the current contract, and provide the following information for each.
(attach additional sheets as necessary using the same format)

Name:

Address:

City: State: Zip Code:

Telephone Number: Florida Registration Number:
() - SS-

Dates of contract:

Beginning Date: / /
Month Day Year

End Date: / /
Month Day Year

23. Does the charitable organization or sponsor employ a professional fundraising consultant? [s. 496.405(2)(e), F.S.]

☐ Yes ☒ No (attach additional sheets as necessary using the same format)

Name:

Address:

City: State: Zip Code:

Telephone Number: Florida Registration Number:
() - FC-

Dates of contract:

Beginning Date: / /
Month Day Year

End Date: / /
Month Day Year

24. Indicate the type of financial report you are filing for the immediately preceding fiscal year: [s. 496.405(2)(a), F.S.]

- ☒ Budget (new organizations only)
- ☐ Department's financial report form - See pages 7 and 8
- ☐ 990 and all attachments - See item #24 of instructions for completing the Financial Report
- ☐ 990-EZ and Schedule O - See item #24 of instructions for completing the Financial Report

ONLY SPONSORS NEED TO ANSWER THE FOLLOWING QUESTIONS:

25. If a sponsor, answer the following: [s. 496.426, F.S.]

- a. Does the organization consist of members who are individuals of whom at least 10% or 100 members, whichever is less, are actively employed as law enforcement officers or emergency service employees by an agency of the United States, this state, a municipality, or a political subdivision of this state, and who personally sign written membership agreements with the organization and pay an annual membership of not less than \$10 a member?
- ☐ Yes ☐ No
- b. Total number of sponsor's members:
- _____
- c. Total number of members actively employed as law enforcement or emergency service employees:
- _____
- d. Percentage of total net contributions, which are dispersed in the state on behalf of its members in furtherance of its stated purposes or programs (defined as the total amount of all contributions raised minus the total cost of expenses incurred in raising contributions solicited):
- _____ %

CONTACT PERSON

26. Person responsible for completing this application:

| | | |
|----------------|--------------------------|--------------------------|
| Name: | Telephone Number: | Email: |
| Corbin W Stacy | 954-295-2458 | corbin.stacy@comcast.net |

CERTIFICATION

I, Corbin W Stacy, am the President

name Title

of NamaStacy Yoga Corportion

Name of Organization or Company

- ☒ I am the individual who has completed the foregoing Solicitation of Contributions Registration Application;
- ☒ I have read the registration application and know the contents thereof; and
- ☒ The registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act;

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.

| | | |
|---|---|------------------------------|
| _____ <small>Signature</small> | <u>Corbin W Stacy</u> <small>Printed Name</small> | _____ <small>Date</small> |
| (954) 295 - 2458 <small>Telephone Number</small> | <u>corbin.stacy@comcast.net</u> <small>Email Address</small> | |

FINANCIAL STATEMENT

NamaStacy Yoga Corporation
(Organization Name)

FINANCIAL STATEMENT OF SUPPORT/REVENUE AND EXPENSES 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. Page 8 must be completed. Totals of columns B, C & D must equal items 10, 11 & 12 respectively on page 7. Total of column A must equal item 13 on page 7.

Is this a consolidated financial statement? ☐ Yes ☒ No

REVENUE**1. Contributions, gifts, grants, and similar amounts received**

- a. Direct public support (attach list of charitable organizations or sponsors, professional solicitors, fundraising consultants and commercial co-venturers used, if any, and the amounts received from each of them, if any. [s. 496.407(1)(c), F.S.]) 1a. _____
- b. Indirect public support (attach list of sources and amounts) 1b. _____
- c. Grants (attach list of sources and amounts) 1c. _____
- d. Total (add lines 1a, 1b, and 1c) 1d. _____

2. Inventory sales

- a. Gross sales 2a. _____
- b. Less cost of goods sold 2b. _____
- c. Gross profit (or loss) (line 2a less line 2b) 2c. _____

3. Special events and fundraising activities

- a. Gross revenue (not including contributions reported on line 1) 3a. _____
- b. Less direct expenses 3b. _____
- c. Net income (or loss) (line 3a less line 3b) 3c. _____

4. Program service revenue

4. _____

5. Membership dues and assessments

5. _____

6. Sale of assets other than inventory

- a. Gross sales 6a. _____
- b. Less sales expenses 6b. _____
- c. Net gain (or loss) (line 6a less line 6b) 6c. _____

7. In-kind contributions and services

7. _____

8. Other revenue (attach list of sources and amounts)

8. _____

9. TOTAL REVENUE (add lines 1d, 2c, 3c, 4, 5, 6c, 7, and 8)

9. _____

EXPENSES

10. Program services (including payments to affiliates) 10. _____
11. Management and general 11. _____
12. Fundraising 12. _____
13. TOTAL EXPENSES (add lines 10, 11, and 12) 13. _____

NET ASSETS

14. Excess (or deficit) for the year (line 9 less line 13) 14. _____
15. Net assets or fund balance at beginning of year 15. _____
16. Net assets or fund balance at end of year (add lines 14 and 15) 16. _____

Balance Sheet:

Cash, savings and investments

Land and building

Other assets (describe on separate sheet)

Total assets

Total liabilities (describe on separate sheet)

Total assets or fund balance

(A) Beginning of Year

(B) End of Year

_____ (Line 15)

_____ (Line 16)

Statement of Functional Expenses

| | (A) Total (sum of B, C, D) | (B) Program Services | (C) Management and General | (D) Fundraising |
|--|----------------------------|----------------------|----------------------------|-----------------|
| Grants and Allocations (cash _____ non-cash _____) (attach schedule) | | | | |
| Assistance to individuals (attach schedule) | | | | |
| Benefits to members (attach schedule) | | | | |
| Compensation to officers, etc. | | | | |
| Other salaries, wages, etc. | | | | |
| Other benefits, pensions, etc. | | | | |
| Payroll taxes | | | | |
| Professional fundraising fees | | | | |
| Accounting fees | | | | |
| Legal fees | | | | |
| Supplies | | | | |
| Telephone | | | | |
| Postage and shipping | | | | |
| Equipment rental | | | | |
| Occupancy | | | | |
| Printing | | | | |
| Travel | | | | |
| Conferences and meetings | | | | |
| Interest | | | | |
| Insurance | | | | |
| Other (describe) | | | | |
| Other (describe) | | | | |
| Other (describe) | | | | |
| Other (describe) | | | | |
| Total Expenses | | | | |

Namastacy Yoga Corporation
a Florida Not-For-Profit Corporation

ESTIMATED OPERATIONS/BUDGET FOR FISCAL YEAR 2013 *
August 1, 2013 through July 31, 2014

Income

| | | |
|---------------------|-----------|------------------|
| General Donations | \$ | 25,000.00 |
| Grants | \$ | 5,000.00 |
| Fundraising Events | \$ | 25,000.00 |
| Total Income | \$ | 55,000.00 |

Expenses

| | | |
|---------------------------------|-----------|------------------|
| Advertising | \$ | 3,500.00 |
| Bookkeeping and Accounting Fees | \$ | 1,500.00 |
| Business Cards | \$ | 500.00 |
| Compensation to Officers | \$ | 5,000.00 |
| FEDEX/UPS | \$ | 500.00 |
| Legal Professional Services | \$ | 5,000.00 |
| Letterhead | \$ | 500.00 |
| Marketing | \$ | 2,500.00 |
| Photographer | \$ | 500.00 |
| Postage | \$ | 500.00 |
| Printing | \$ | 1,500.00 |
| Telephone and Answering Service | \$ | 500.00 |
| Social Media Advertising | \$ | 2,500.00 |
| Supplies | \$ | 5,000.00 |
| Internet Service | \$ | 500.00 |
| Travel Expenses | \$ | 4,000.00 |
| Webpage Design & Maintenance | \$ | 1,000.00 |
| Total Expenses | \$ | 35,000.00 |

Based on the foregoing pro-forma projections, the organization anticipates that will provide \$20,000 of scholarships (financial aid) in the fiscal year referenced above