



Florida Department of Agriculture & Consumer Services  
ADAM H. PUTNAM, Commissioner  
Division of Consumer Services  
PO Box 6700 Tallahassee FL 32314-6700

December 17, 2013

Division of Consumer Services  
First Floor, Mayo Building  
PO Box 6700  
Tallahassee, Florida 32314-6700  
1-800-HELP-FLA  
FAX 850-410-3804

SARASOTA INSTITUTE OF LIFETIME LEARNING, INC.  
PO BOX 3649  
SARASOTA, FL 34230-3649

**SUBJECT: SOLICITATION OF CONTRIBUTIONS ANNUAL REGISTRATION**

Registration Number: CH19092 Expiration Date: January 17, 2014

Your annual state registration as a charitable organization or sponsor under the Solicitation of Contributions Act is **NOW DUE AND PAYABLE**. 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 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 registration fee and financial information to the Department at PO Box 6700, Tallahassee, Florida 32314-6700. Your registration application **MUST BE RECEIVED BEFORE** your current registration expires.

Effective July 1, 2013, charitable organizations and sponsors that meet the following requirements are eligible to fill out the Exempt Charitable Organizations/Sponsors Application in lieu of registration. This application can be found online at [www.800helpfla.com](http://www.800helpfla.com) or by calling the number below. Additionally, exempt organizations are **NOT** required to pay a registration fee.

- \* The charitable organization or sponsor has less than \$25,000 in **TOTAL REVENUE** (not contributions) during the immediately preceding fiscal year.

- \* The fundraising activities of the charitable organization or sponsor is 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 charitable organization or sponsor.

- \* The charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

**NOTE:** 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.

**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 \$1,000 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,

ADAM H. PUTNAM  
COMMISSIONER OF AGRICULTURE

**Enclosures**





Florida Department of Agriculture & Consumer Services  
Division of Consumer Services

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

**SOLICITATION OF CONTRIBUTIONS ACT**  
s. 496.405, Florida Statutes

**ADAM H. PUTNAM  
COMMISSIONER**

For online payments, visit [www.FreshFromFlorida.com](http://www.FreshFromFlorida.com)  
Make check payable to FDACS and remit application to:

FL Dept of Agriculture & Consumer Services  
PO Box 6700  
Tallahassee FL 32314-6700

[www.800helpfla.com](http://www.800helpfla.com)  
1-800-HELP-FLA(435-7352)(FL Only)  
1-850-488-2221 Calling outside FL  
Fax: 1-850-410-3804

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

Sarasota Institute Of Lifetime Learning, Inc.

Registration Number: CH19092 Expiration Date: January 17, 2014 FEID Number: 59-2344325

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 the appropriate registration fee and a copy of the Department's statement of revenue/support and expenses, the Internal Revenue Service Form 990 with Schedule A, or the Internal Revenue Service Form 990-EZ, for the immediately preceding fiscal year, to the above address.

**REGISTRATION FEES:**

For contributions received the preceding fiscal year:	Fee
a. Less than \$5,000, with or without paid officers	\$ 10
b. \$25,000 or less, <b>no</b> paid officers or professional solicitors/consultants	10
c. \$5,000 or more, but less than \$100,000	75
d. \$100,000 or more, but less than \$200,000	125
e. \$200,000 or more, but less than \$500,000	200
f. \$500,000 or more, but less than \$1,000,000	300
g. \$1,000,000 or more, but less than \$10,000,000	350
h. \$10,000,000 or more	400

**Note:** A parent organization filing on behalf of one or more chapters, branches, or affiliates shall total all contributions received by them to determine registration fees.

**LATE FEES:** A charitable organization or sponsor which fails to renew their registration by the annual due date should submit a late fee of \$25 for each month or part of a month after the expiration date.

1. Enclosed:

Registration fee of \$ \_\_\_\_\_  
and late fee of \$ \_\_\_\_\_

(Include \$25 per month late fee, if applicable)

Solicitation of Contributions DTN: 2515685  
Org Code: 42100625000  
Object Code: 001133



2. Principal Street Address:

Name: SARASOTA INSTITUTE OF LIFETIME LEARNING, INC.
Street Address: 1001 BOULEVARD OF THE ARTS
City, State and Zip: SARASOTA, FL 34236-4807 Phone: 941-861-1166
E-mail Web site: Fax: 941-316-1251

3. Mailing Address (if different):

Name:
Street Address: PO BOX 3649
City, State and Zip: SARASOTA, FL 34230-3649 Phone:

4. Other name(s) soliciting as:

a.
b.

5. Purpose for which contributions solicited:

TO SUPPORT THE PRESENTATION OF THE LECTURE SERIES.

6. List or description of major program activities:

MUSIC PROGRAM SERIES, LECTURE PROGRAM SERIES, VENICE LECTURE PROGRAM SERIES

7. IRS Tax exempt: 501(C)(3) If changed, enclose copy of IRS notice.

8. If applicant does not maintain an office in Florida, person with custody of financial records:

Name:
Contact Address:
City, State, and Zip: Contact Phone:

9. Individuals or officers who have final responsibility for the custody of the contributions and who will be responsible for the final distribution of the contributions:

Name: MCINTYRE, JOY
Contact Address: 5137 CANTABRIA CREST
City, State, and Zip: SARASOTA, FL 34238-4469 Contact Phone: 941-926-3479

Name: SPOTTSWOOD, MARYLOU
Contact Address: 611 HARBOR SHORE DR
City, State, and Zip: NOKOMIS, FL 34275-3427 Contact Phone: 941-918-4527

Name:
Contact Address:
City, State, and Zip: Contact Phone:

Name:
Contact Address:
City, State, and Zip: Contact Phone:

10. Individual or officer who is in charge of solicitation activities:

Name: MCINTYRE, JOY \_\_\_\_\_

Contact Address: 5137 CANTABRIA CREST \_\_\_\_\_

City, State, and Zip: SARASOTA, FL 34238-4469 \_\_\_\_\_ Contact Phone: 941-926-3479 \_\_\_\_\_

Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

11. Is this charitable organization or sponsor authorized by another state to solicit contributions?

YES  NO

12. Has the charitable organization or sponsor or any of its officers, directors, trustees, or principal 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?

YES  NO

13. Has the charitable organization or sponsor had its registration or authority denied, suspended, or revoked by any governmental agency?

YES  NO **If yes, the reasons for the denial, suspension, or revocation were:**

\_\_\_\_\_  
\_\_\_\_\_

14. Has the charitable organization or sponsor voluntarily entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s.496.420, Florida Statutes?

YES  NO **If yes, enclose a copy of the agreement.**

15. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, found guilty of, 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, or crime 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 within the last 10 years?

YES  NO

**If yes, provide the following information for each individual: (Attach a separate sheet if necessary).**

Name: \_\_\_\_\_

Nature of offense: \_\_\_\_\_ Date: \_\_\_\_\_

Court having jurisdiction \_\_\_\_\_

Disposition of offense \_\_\_\_\_ Date: \_\_\_\_\_

16. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees been enjoined from violating any law relating to a charitable solicitation?

YES  NO

Name: \_\_\_\_\_

Date of Injunction: \_\_\_\_\_

Court issuing the injunction: \_\_\_\_\_

17. Does the charitable organization or sponsor employ a Professional Solicitor?  
 YES  NO **If yes**, complete Attachment A-1, and provide a copy of current contract.

18. Does the charitable or sponsor organization employ a Professional Fundraising Consultant?  
 YES  NO **If yes**, complete Attachment A-2, and provide a copy of current contract.

19. Are you filing as a parent organization?  
 YES  NO **If yes**, complete Attachment C.

20. **If sponsor**, answer the following:

a. Does the membership 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 the 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**

21. Person Responsible for completing renewal application.

Name: \_\_\_\_\_ please print

Daytime Phone #: \_\_\_\_\_

**CERTIFICATION**

I, \_\_\_\_\_, am the \_\_\_\_\_  
Name Title

of \_\_\_\_\_  
Name of Organization or Company

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

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**STATEMENT OF SUPPORT/REVENUE AND EXPENSES FOR THE CALENDAR YEAR**  
**12/31/\_\_\_\_\_ OR YEAR ENDING \_\_\_\_/\_\_\_\_/\_\_\_\_\_**

**Note:** In lieu of completing the following financial statement, you may send the IRS 990 with Schedule A or 990-EZ.

Is this a consolidated financial statement?  **Yes**       **No**

**REVENUE**

- 1. Contributions, gifts, grants, and similar amounts received**
  - a. Direct public support (attach list of solicitors/co-venturers & amounts, if any)      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 & 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 & 8)      **9.** \_\_\_\_\_

**EXPENSES**

- 10.** Program services (including payments to affiliates)      **10.** \_\_\_\_\_
- 11.** Management & general      **11.** \_\_\_\_\_
- 12.** Fundraising      **12.** \_\_\_\_\_
- 13. TOTAL EXPENSES** (add lines 10, 11 & 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 & 15)      **16.** \_\_\_\_\_

**Balance Sheet:**

	(A) Beginning of Year	(B) End of Year
Cash, savings and investments	_____	_____
Land and building	_____	_____
Other assets (describe on separate sheet)	_____	_____
<b>Total assets</b>	_____	_____
<b>Total liabilities</b> (describe on separate sheet)	_____	_____
<b>Total assets or fund balance</b>	(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 & 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)				
<b>Total Expenses</b>				

**ATTACHMENT A-1  
List of Professional Solicitors**

Please list professional solicitor(s) soliciting on your behalf in Florida:

- 1. Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Registration Number: \_\_\_\_\_ Contract Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_
  
- 2. Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Registration Number: \_\_\_\_\_ Contract Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**ATTACHMENT A-2  
List of Professional Fundraising Consultants**

Please list professional consultant(s) acting on your behalf in Florida:

- 1. Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Registration Number: \_\_\_\_\_ Contract Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_
  
- 2. Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Registration Number: \_\_\_\_\_ Contract Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

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

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

1. Last Name, First Name: MCINTYRE, JOY Title: President  
Contact Address: 5137 CANTABRIA CREST Contact Phone: 941-926-3479  
City, State, and Zip: SARASOTA, FL 34238-4469 Compensated (Y/N): N
  
2. Last Name, First Name: SPOTTSWOOD, MARYLOU Title: Treasurer  
Contact Address: 611 HARBOR SHORE DR Contact Phone: 941-918-4527  
City, State, and Zip: NOKOMIS, FL 34275-3427 Compensated (Y/N): N
  
3. Last Name, First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Contact Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_ Compensated (Y/N): \_\_\_\_\_
  
4. Last Name, First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Contact Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_ Compensated (Y/N): \_\_\_\_\_
  
5. Last Name, First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Contact Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_ Compensated (Y/N): \_\_\_\_\_

**ATTACHMENT C**  
**Florida Chapters, Branches or Affiliates**

Please list Florida chapters, branches, or affiliates included in this registration:

- 1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
  
- 2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

