



Florida Department of Agriculture & Consumer Services  
Division of Consumer Services

SOLICITATION OF CONTRIBUTIONS  
REGISTRATION APPLICATION  
SOLICITATION OF CONTRIBUTIONS ACT  
Chapter 496, Florida Statutes  
Rule 5J-7.004, Florida Administrative Code

WILTON SIMPSON  
COMMISSIONER

For online payments, visit www.FDACS.gov, or  
make check or money order payable to FDACS and remit applications  
to:

FDACS  
Solicitation of Contributions  
PO BOX 6700  
Tallahassee, FL 32314-6700

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

TO APPLY fill out this form completely (PRINT OR TYPE) and return it with all attachments, including the registration application fee, to the address in the upper right-hand corner. This application and attachments may be subject to public review pursuant to chapter 119, Florida Statutes (F.S.).

Legal Name of Organization: SAVE CRYSTAL RIVER, INC.

Street (Physical) Address: 915 N SUNCOAST BLVD  
(no P.O. Boxes or mail drops)

City, State, Zip, County CRYSTAL RIVER, FL 34429-9012

Telephone: ~~352-228-0628~~ Website: www.savecrystalriver.com E-mail address: info@savecrystalriver.com  
352-257-6359 (Required)

Mailing Address (if different): 915 N SUNCOAST BLVD

City, State, Zip, County: CRYSTAL RIVER, FL 34429-9012

Fictitious Name/Other Name(s) Soliciting As:

1. Select one:

Corporation  LLC  Partnership  Sole Proprietorship

Date legally established:

State:

11/16/2011

FL

2. Registration Application Type:

Charitable Org  Charitable Org/Parent \_\_\_\_\_

Sponsor \_\_\_\_\_ Sponsor/Parent \_\_\_\_\_

3. Federal Employer ID Number:

45-3856534

Contact Person for the Applicant

Contact Title:

Contact Phone Number:

Tina Champagne

Treasurer

352-804-4495

Contact Email Address:

Info@savecrystalriver.com

Date of Application:

2/20/24

F&A Use Only

Solicitation of Contributions DTN: 3878805  
Org Code: 42100625000  
Object Code: 001133



- 4. Review, update and list all officers, directors, trustees, and principal salaried executive personnel on Attachment B, enclosed.
- 5. List any branch office, chapter or affiliates located in the state of Florida on Attachment C, enclosed.
- 6. 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. [s. 496.405(2)(g)I., F.S.]

Name: \_\_\_\_\_  
 Street (Physical) Address (no P.O. Boxes or mail drops): \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

7. List names of the individuals or officers who are in charge of any solicitation activities:

Name: LAMB, STEVE  
 Street (Physical) Address: 900 SW KINGS BAY DR  
 City, State, and Zip: CRYSTAL RIVER, FL 34429-4649 Telephone Number: 352-795-5262

Name: MOORE, LISA  
 Street (Physical) Address: 712 SW KINGS BAY DR  
 City, State, and Zip: CRYSTAL RIVER, FL 34429-4653 Telephone Number: 352-628-6674

Name: \_\_\_\_\_  
 Street (Physical) Address: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

8. List the name, address, and telephone number(s) of any person(s) responsible for the custody and final distribution of contributions:

Name: CHAMPAGNE, TINA  
 Street (Physical) Address: 1040 N STONEY PT  
 City, State, and Zip: CRYSTAL RIVER, FL 34429 Telephone Number: 352-804-4495

Name: THOMPSON, TERRY  
 Street (Physical) Address: 1107 SE 4TH AVE  
 City, State, and Zip: CRYSTAL RIVER, FL 34429 Telephone Number: 352-257-6359

Name: \_\_\_\_\_  
 Street (Physical) Address: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Street (Physical) Address: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

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

- Yes 501(c) (3) If yes, you must attach a copy of the tax exemption determination letter from the IRS.  
(insert number)
- No
- Pending (a copy of such determination must be filed with the department within 30 days after receipt)
- Revoked

11. Charitable purpose for which the charitable organization or sponsor is organized? (Briefly and concisely explain the purpose for which your organization was created, i.e., the organization's mission. It is best to summarize this information in your own words. Please attach additional pages if necessary.) [s. 496.405(2)(b), F.S.]

TO REPRESENT THE INTEREST OF THE CITIZENS OF CRYSTAL RIVER AGAINST EXCESSIVE GOVERNMENT REGULATION OF THE RIVER AND RESOURCES OF THE SURROUNDING AREA AND ALL OTHER LAWFUL ACTIVITIES UNDER FLORIDA LAW AND THE ARTICLES OF SAVE CRYSTAL RIVER, INC.

12. What is the purpose for which the contributions to be solicited will be used? (Briefly and concisely explain how contributions will be used to further your organization's mission. Please attach additional pages if necessary. Do not reference 990 or include an attachment.) [s. 496.405(2)(b), F.S.]

TO FURTHER OUR MISSION TO EDUCATE THE PUBLIC REGARDING CURRENT ENVIRONMENTAL, PROPERTY AND RIPARIAN RIGHTS IN AN EFFORT TO EFFECTIVELY PRESERVE THE PRINISTINE BALANCE BETWEEN NATURE AND HUMAN ACTIVITY. ADDITIONALLY TO AID IN REMOVING NON-NATIVE VEGETATION FROM CITRUS COUNTY WATERWAYS.

13. List major program activities: (Briefly and concisely list the main activities in which your organization participates. Please attach additional pages if necessary.) [s. 496.405(2)(g)4, F.S.]

SAVE CRYSTAL RIVER, INC. IS COMMITTED TO RESTORING KINGS BAY AND FLORIDA WATERWAYS THROUGH DIRECT RESTORATION OF KINGS BAY, EDUCATION, PUBLIC OUTREACH, AND FUNDRAISING.

14. Does the charitable organization or sponsor employ a professional solicitor or professional fundraising consultant? If so, complete attachment A Enclosed.

- YES  NO If yes, please attach a copy of the current contract.  
(Attach additional sheets as necessary using the same format.)

15. Does charitable organization or sponsor utilize a commercial co-venturer?

- 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:

Telephone Number:

Street (Physical) Address:

City:

State/Zip:

**NOTE:** Any change to the responses provided to Questions 16-21 must be reported to the department within 10 days after the change occurs using the Solicitation of Contributions Material Change Form, FDACS-10118, Rev. 11/21 as incorporated in rule 5J-7.004(5), F.A.C. This form can be found online at [www.FDACS.gov](http://www.FDACS.gov)

16. Is applicant authorized by any other state to solicit contributions? [s. 496.405(2)(d)1., F.S.]

- YES  NO

17. Has the charitable organization/sponsor entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s. 496.420, F.S., in any jurisdiction? [s. 496.405(2)(d)4., F.S.]

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

18. Has the charitable organization/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, you must provide a copy of the court disposition and submit an explanation of the charge for review.

19. Has the charitable organization/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, you must provide a copy of the court disposition and submit an explanation of the charge for review.

20. 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 or been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)2.,7., F.S.]

YES  NO If yes, attach the name of such person, the date of the injunction, and the court issuing the injunction.

21. 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, attach the governmental agency action documents and an explanatory statement including the reason(s) for each denial, suspension, or revocation.

22. Select the financial statement you are filing for the immediately preceding fiscal year ending 12/31/2023

Please Note: We do not accept 990-PF or 990-N postcard in lieu of one of the below financial statements.  
Please attach one of the following:

- 990 and all schedules
- 990-EZ and Schedule O
- Budget (newly formed organizations only)
- FDACS-10122 Solicitation of Contributions Annual Financial Reporting Form, 1/1/21 (available online at www.FDACS.gov)
- 180 Day Extension request for financial statement only. (Failure to file a financial statement within the 180 days will result in an automatic suspension of your registration.)

Please provide the financial information (must match the information listed on the immediately preceding fiscal year financial statement):

Total Revenue: \$ ≈ \$248,000

Fundraising Expenses: \$ ≈ \$40,000

Program Service Expenses: \$ \_\_\_\_\_

Management & General Expenses: \$ \_\_\_\_\_

Total Expenses: \$ ≈ \$40,000

23. Charitable organizations or sponsors that receive at least \$500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than \$1 million, then the financial statement must be audited by an independent certified public accountant. If submitting an IRS form 990 or 990 EZ and contributions are \$500,000 or more, those IRS forms must be prepared by a certified public account or another professional who prepares such forms or schedules in their ordinary course of business.

Attached is a copy of signed CPA review or audit.  YES  NO

24. Calculation of Registration Fee:

Amount of contributions received in the immediately preceding fiscal year: \$ 248,000

"Contribution" means the promise, pledge, or grant of money or property, financial assistance, or any other thing of value in response to a solicitation. The term includes, in the case of a charitable organization or sponsor offering goods and services to the public, the difference between the direct cost of the goods and services to the charitable organization or sponsor and the price at which the charitable organization or sponsor or a person acting on behalf of the charitable organization or sponsor resells those goods or services to the public. The term does not include:

- (a) Bona fide fees, dues, or assessments paid by members if membership is not conferred solely as consideration for making a contribution in response to a solicitation;
- (b) Funds obtained by a charitable organization or sponsor pursuant to government grants or contracts;
- (c) Funds obtained as an allocation from a United Way organization that is duly registered with the department; or
- (d) Funds received from an organization duly registered with the department that is exempt from federal income taxation under s. 501(a) of the Internal Revenue Code and described in s. 501(c) of the Internal Revenue Code. [s. 496.404(5) F.S.]

- \$10 fee:** Less than \$5,000
- \$10 fee:** Less than \$25,000 and no compensated directors/employees, no professional solicitors/consultants or commercial co-venturers.
- \$75 fee:** \$5,000 or more, but less than \$100,000
- \$125 fee:** \$100,000 or more, but less than \$200,000
- \$200 fee:** \$200,000 or more, but less than \$500,000
- \$300 fee:** \$500,000 or more, but less than \$1,000,000
- \$350 fee:** \$1,000,000 or more, but less than \$10,000,000
- \$400 fee:** \$10,000,000 or more

Calculated Registration Fee: \$ 200

Calculation of Late Fee (Renewals Only): + \$ \_\_\_\_\_  
(25 per month or any portion of a month following expiration date)

Total Fee Amount Enclosed: \$ 200

MAKE CHECK OR MONEY ORDER PAYABLE TO: FDACS

\*Submit your completed application along with the above registration fee and your financials with all attachments to:

FDACS  
Solicitation of Contributions  
Post Office Box 6700  
Tallahassee, FL 32314-6700

SAVE CRYSTAL RIVER, INC  
501(c)3  
1018 N Palm Springs Ter  
Crystal River, FL 34423  
352-228-0628

1228  
63-462/631

Date 2/20/23

Pay to the Order of FDACS \$ 200.00

Two hundred 00/100 Dollars

Brannen Bank  
Inverness, Florida

For Solicitation of Contributions June Chapeau

⑆063104626⑆ 1413774701⑆ 1228

ONLY SPONSORS NEED TO ANSWER THE FOLLOWING QUESTIONS:

"Sponsor" means a group or person who is or holds herself or himself out to be soliciting contributions by the use of a name that implies that the group or person is in any way affiliated with or organized for the benefit of emergency service employees or law enforcement officers and the group or person is not a charitable organization. The term includes a chapter, branch, or affiliate that has its principal place of business outside the state if such chapter, branch, or affiliate solicits or holds itself out to be soliciting contributions in this state. [s. 496.404(25), F.S.]

The organization must 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.

- a. Total number of sponsor's members: NA
- b. Total number of members actively employed as law enforcement or emergency service employees: NA
- c. Percentage of total net contributions (defined as the total amount of all contributions raised in Florida minus the total cost of expenses incurred in raising contributions solicited), which are disbursed in the state on behalf of its members in furtherance of its stated purpose or programs NA %.

CERTIFICATION

I certify the following:

The organization has adopted a policy regarding conflict of interest transactions, and I certify that all directors, officers, and trustees of the charitable organization are in compliance with the adopted policy

The information furnished in this application and all supplemental forms, reports, documents and attachments are true and correct to the best of my knowledge. [s. 496.405(2) F.S.]

Tina Champagne  
Printed Name

Tina Champagne  
Signature

352-804-4495  
Telephone Number

2/20/23  
Date

Treasurer  
Title

info@savethecrystalriver.com  
Email Address





ATTACHMENT A  
List of Professional Solicitors or Professional Fundraising Consultants

Does the charitable organization or sponsor employ a professional solicitor or professional fundraising consultant

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.)

1. Name: \_\_\_\_\_  
Street (Physical) Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Florida Registration Number (FC/SS): \_\_\_\_\_  
Indicate Contract Type:  Solicitor  Consultant  
Contract Beginning Date: \_\_\_\_\_ Contract Ending Date: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Street (Physical) Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Florida Registration Number (FC/SS): \_\_\_\_\_  
Indicate Contract Type:  Solicitor  Consultant  
Contract Beginning Date: \_\_\_\_\_ Contract Ending Date: \_\_\_\_\_

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

List officers, directors, trustees, and principal salaried executive personnel:

**Exemptions from public records apply to certain personal information. For a complete list of exemptions, see chapter 119, F.S. If you qualify for one of these exemptions, please list the organization's address and phone number in lieu of home address and phone number. (Attach additional sheets as necessary using the same format.)**

- |  |  |
|--|--|
| - 1. Last Name, First Name: BIENKOWSKI, MARIE<br>Street (Physical) Address: 131 BEACH LANE<br>City, State, and Zip: CRYSTAL RIVER, FL 34429<br>Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No             | Title: Director<br>Telephone Number: 352-295-3955<br>Compensated (Y/N): N              |
| - 2. Last Name, First Name: BIENKOWSKI, MARIE<br>Street (Physical) Address: 131 BEACH LANE<br>City, State, and Zip: CRYSTAL RIVER, FL 34429<br>Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No             | Title: Vice President<br>Telephone Number: 352-295-3955<br>Compensated (Y/N): N        |
| - 3. Last Name, First Name: CHAMPAGNE, TINA<br>Street (Physical) Address: 1040 N STONEY PT<br>City, State, and Zip: CRYSTAL RIVER, FL 34429<br>Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No             | Title: Treasurer<br>Telephone Number: 352-804-4495<br>Compensated (Y/N): N             |
| - 4. Last Name, First Name: CHAMPAGNE, TINA<br>Street (Physical) Address: 1040 N STONEY PT<br>City, State, and Zip: CRYSTAL RIVER, FL 34429<br>Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No             | Title: Director<br>Telephone Number: 352-804-4495<br>Compensated (Y/N): N              |
| - 5. Last Name, First Name: GRILLO, SILVIA<br>Street (Physical) Address: 555 SW KINGS BAY DR.<br>City, State, and Zip: CRYSTAL RIVER, FL 34428<br>Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          | Title: Director<br>Telephone Number: 352-302-6971<br>Compensated (Y/N): N              |
| <del>6. Last Name, First Name: HENRY, KATY<br/>Street (Physical) Address: 257 NW BAY PATH RIVE<br/>City, State, and Zip: CRYSTAL RIVER, FL 34423<br/>Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</del> | <del>Title: Director<br/>Telephone Number: 352-281-7619<br/>Compensated (Y/N): N</del> |
| - 7. Last Name, First Name: JONES, HARRIET<br>Street (Physical) Address: 9373 WEST BOB COURT<br>City, State, and Zip: HOMASSA, FL 34446<br>Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 | Title: Director<br>Telephone Number: 352-317-3956<br>Compensated (Y/N): N              |
| 8. Last Name, First Name: LAMB, STEVE<br>Street (Physical) Address: 900 SW KINGS BAY DR  | Title: Vice President<br>Telephone Number: 352-795-5262                                |

- 8. Last Name, First Name: LAMB, STEVE Title: Vice President  
 Street (Physical) Address: 900 SW KINGS BAY DR Telephone Number: 352-795-5262  
 City, State, and Zip: CRYSTAL RIVER, FL 34429-4649 Compensated (Y/N): N  
 Criminal History:  Yes  No
- 9. Last Name, First Name: LAMB, STEVE Title: Director  
 Street (Physical) Address: 900 SW KINGS BAY DR Telephone Number: 352-795-5262  
 City, State, and Zip: CRYSTAL RIVER, FL 34429-4649 Compensated (Y/N): N  
 Criminal History:  Yes  No
- 10. Last Name, First Name: MOORE, LISA Title: Director  
 Street (Physical) Address: 712 SW KINGS BAY DR Telephone Number: 352-628-6674  
 City, State, and Zip: CRYSTAL RIVER, FL 34429-4653 Compensated (Y/N): N  
 Criminal History:  Yes  No
- 11. Last Name, First Name: MOORE, LISA Title: President  
 Street (Physical) Address: 712 SW KINGS BAY DR Telephone Number: 352-628-6674  
 City, State, and Zip: CRYSTAL RIVER, FL 34429-4653 Compensated (Y/N): N  
 Criminal History:  Yes  No
- 12. Last Name, First Name: MURPHY, CANDY Title: Director  
 Street (Physical) Address: 1018 N PALM SPRINGS TERRACE Telephone Number: 352-228-0628  
 City, State, and Zip: CRYSTAL RIVER, FL 34429 Compensated (Y/N): N  
 Criminal History:  Yes  No
- ~~13. Last Name, First Name: REYNOLDS, JACK Title: Officer  
 Street (Physical) Address: 4325 S SUNCOAST BLVD Telephone Number: 352-628-3812  
 City, State, and Zip: HOMOSASSA, FL 34446 Compensated (Y/N): N  
 Criminal History:  Yes  No~~
- 14. Last Name, First Name: REYNOLDS, JACK Title: Director  
 Street (Physical) Address: 4325 S SUNCOAST BLVD Telephone Number: 352-628-3812  
 City, State, and Zip: HOMOSASSA, FL 34446 Compensated (Y/N): N  
 Criminal History:  Yes  No
- 15. Last Name, First Name: SANDERS, JENNY Title: Director  
 Street (Physical) Address: 2142 N. WATERSEDGE DR. 34429 Telephone Number: 404-488-0059  
 City, State, and Zip: CRYSTAL RIVER, FL 34429 Compensated (Y/N): N  
 Criminal History:  Yes  No
- 16. Last Name, First Name: <sup>Schenavar</sup> SHENAVAR, LARRY Title: Director  
 Street (Physical) Address: 221 SE 2ND PLACE Telephone Number: 352-895-6838  
 City, State, and Zip: CRYSTAL RIVER, FL 34429 Compensated (Y/N): N  
 Criminal History:  Yes  No

*Schenavar*

- 17. Last Name, First Name: SHENEVAR, SARAH Title: Director  
 Street (Physical) Address: 221 SE 2ND PLACE Telephone Number: 419-544-3382  
 City, State, and Zip: CRYSTAL RIVER, FL 34429 Compensated (Y/N): N  
 Criminal History:  Yes  No
- 18. Last Name, First Name: SONERHOLM, JO Title: Director  
 Street (Physical) Address: 120 NE BAYSHORE DRIVE Telephone Number: 907-232-7653  
 City, State, and Zip: CRYSTAL RIVER, FL 34429 Compensated (Y/N): N  
 Criminal History:  Yes  No
- 19. Last Name, First Name: THOMPSON, LIZ Title: ~~Secretary~~ *Director*  
 Street (Physical) Address: 1107 SE 4TH AVE Telephone Number: ~~352-257-6359~~  
 City, State, and Zip: CRYSTAL RIVER, FL 34429 Compensated (Y/N): N  
 Criminal History:  Yes  No
- 20. Last Name, First Name: THOMPSON, LIZ Title: Director  
 Street (Physical) Address: 1107 SE 4TH AVE Telephone Number: 352-257-6359  
 City, State, and Zip: CRYSTAL RIVER, FL 34429 Compensated (Y/N): N  
 Criminal History:  Yes  No
- 21. Last Name, First Name: THOMPSON, LIZ Title: Officer  
 Street (Physical) Address: 1107 SE 4TH AVE Telephone Number: 352-257-6359  
 City, State, and Zip: CRYSTAL RIVER, FL 34429 Compensated (Y/N): N  
 Criminal History:  Yes  No
- 22. Last Name, First Name: THOMPSON, TERRY Title: Director  
 Street (Physical) Address: 1107 SE 4TH AVE Telephone Number: 352-257-6359  
 City, State, and Zip: CRYSTAL RIVER, FL 34429 Compensated (Y/N): N  
 Criminal History:  Yes  No
- 23. Last Name, First Name: THOMPSON, TERRY Title: Treasurer  
 Street (Physical) Address: 1107 SE 4TH AVE Telephone Number: 352-257-6359  
 City, State, and Zip: CRYSTAL RIVER, FL 34429 Compensated (Y/N): N  
 Criminal History:  Yes  No
- 24. Last Name, First Name: THOMPSON, TERRY Title: Officer  
 Street (Physical) Address: 1107 SE 4TH AVE Telephone Number: 352-257-6359  
 City, State, and Zip: CRYSTAL RIVER, FL 34429 Compensated (Y/N): N  
 Criminal History:  Yes  No
- 25. Last Name, First Name: TRIPP, JANIS Title: Director  
 Street (Physical) Address: 9150 W HARBOR ISLE CT Telephone Number: 352-257-6359  
 City, State, and Zip: CRYSTAL RIVER, FL 34429 Compensated (Y/N): N  
 Criminal History:  Yes  No

26. Last Name, First Name: VANDEBOE, LISA Title: Officer  
Street (Physical) Address: 1250 N COUNTRY CLUB DR Telephone Number: 352-795-0784  
City, State, and Zip: CRYSTAL RIVER, FL 34429 Compensated (Y/N): N  
Criminal History:  Yes  No

27. Last Name, First Name: VANDEBOE, LISA Title: Director  
Street (Physical) Address: 1250 N COUNTRY CLUB DR Telephone Number: 352-795-0784  
City, State, and Zip: CRYSTAL RIVER, FL 34429 Compensated (Y/N): N  
Criminal History:  Yes  No

28. Last Name, First Name: Schenavar Larry Title: Secretary  
Street (Physical) Address: 221 SE 2nd Place Telephone Number: 352-896-6838  
City, State, and Zip: Crystal River, FL 34429 Compensated (Y/N): N  
Criminal History:  Yes  No

29. Last Name, First Name: Title:  
Street (Physical) Address: Telephone Number:  
City, State, and Zip: Compensated (Y/N):  
Criminal History:  Yes  No

30. Last Name, First Name: Title:  
Street (Physical) Address: Telephone Number:  
City, State, and Zip: Compensated (Y/N):  
Criminal History:  Yes  No

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

List any branch office, chapter or affiliates located in the state of Florida. If you are a parent organization that submits a consolidated financial statement, you may skip this question and list your branches or affiliates on the Supplemental Consolidated Financial Statement on FDACS-10122, Solicitation of Contributions Annual Financial Reporting Form. Visit our website for this form at [www.FDACS.gov](http://www.FDACS.gov).

*(Attach additional sheets as necessary using the same format.)*

1. Name: \_\_\_\_\_  
Street (Physical) Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Street (Physical) Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_