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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

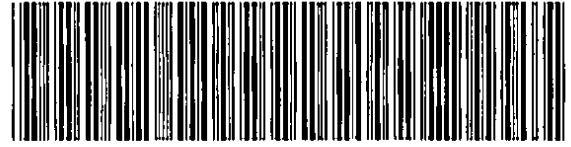
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

35

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WATCH MY HOOD INC. NFP

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

CLARENCE BROOKINS

Name of Person

WATCH MY HOOD INC. NFP

Firm/Company

528 Virtuoso Lane

Address

ORLANDO, FL. 32824

City/State and Zip Code

INFO.WATCHMYHOOD@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLARENCE BROOKINS

Name of Person

at (407)

Area Code

800-8055

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. WATCH MY HOOD INC. NFP
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. ILLINOIS 3. 46-2953374
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/18/2013 5. perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 11624 S. PARNELL, CHICAGO IL 60666
(Principal office street address)
- 528 VIRTUOSO Lane, ORLANDO FL 32824
(Current mailing address, if different)
8. COMMUNITY OUTREACH AND EDUCATIONAL RESOURCE
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: CLARENCE BROOKINS
Office Address: 15502 STONEYBROOK W PKWY #104-565
WINTER GARDEN, Florida 34787
(City) (Zip Code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Clarence Brooks
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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STATE

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: CLARENCE BROOKINS
☐ Vice Chairman Address: 528 Virtuso Lane
☐ Director Orlando FL 32824
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: TERESA BROOKINS
☐ Vice Chairman Address: 528 Virtuso Lane
☐ Director Orlando FL 32824
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: MALIK BROOKINS
☐ Vice Chairman Address: 528 Virtuso Lane
☒ Director Orlando FL 32824
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

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TALLAHASSEE FLORIDA

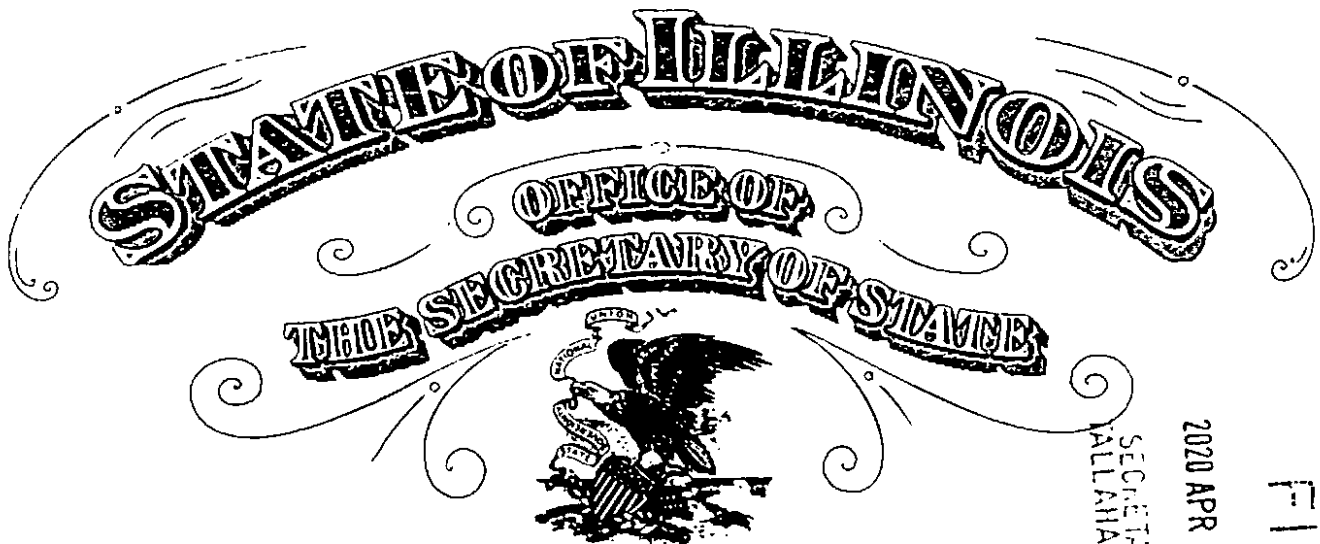
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Clarence Brookins
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CLARENCE BROOKINS PRESIDENT
(Typed or printed name and capacity of person signing application)

File Number

6903-244-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

WATCH MY HOOD INC. NFP, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 18, 2013, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 2ND
day of APRIL A.D. 2020 .



Jesse White

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAY 06 2014

WATCH MY HOOD INC NFP
1219 HICKORY ROAD
HOMEWOOD, IL 60430-2401

Employer Identification Number:
46-2953374
DLN:
17053268352003
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
July 18, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

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RECORDS OF STATE
TREASURER, FLORIDA

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-PC

**State of Illinois
DOMESTIC CORPORATION
ANNUAL REPORT**

FILED Nov 19, 2019

Jesse White, Secretary of State

1. Corporation Name: WATCH MY HOOD INC. NFP
2. Registered Agent: CLARENCE LESTER BROOKINS
- Registered Office: 16912 PRINCE DRIVE
- City, IL, ZIP, County: SOUTH HOLLAND, IL 60473 COOK COUNTY
- 3a. Date of Incorporation/Qualification: 07/18/2013 3b. State of Incorporation: IL
4. Names and Addresses of Corporation's Officers and Directors:

[illegible]

5. **Brief statement of type of activity the corporation is conducting:**
PARTNERING WITH OTHER ORGANIZATIONS TO CREATE COMMUNITY EVENTS TO BRING IN RESOURCES FOR FAMILIES IN NEED AS WELL AS SOCIAL, EMOTION PROGRAMS AND SERVICES.
6. Is this Corporation a Condominium Association as established under the Condominium Property Act? ☐ Yes ☒ No
Is this a Cooperative Housing Corporation as defined in Section 216 of the Internal Revenue Code of 1954? ☐ Yes ☒ No
Is this Corporation a Homeowner's Association, which administers a common-interest community as defined in subsection (c) of Section 9-102 of the code of Civil Procedure? ☐ Yes ☒ No
7. **Address, including street and number, of Corporation's Principal Office:**
11624 S. PARNELL CHICAGO, IL 60628

8. Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the General Not for Profit Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

By CLARENCE BROOKINS
Authorized Officer

CEO/PRESIDENT	Nov 19, 2019
Title & Date	

Fee Summary

Filing Fee: \$ 10.00

Penalty: \$ 3.00

Total Fee: \$ 13.00