14000004310

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF 1550 STATES

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: A Sister's Turning Point for Change

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$70.00 Filing Fee

serrar" Filing Fee & Certificate of Status

□\$78.75

Filing Fee & Certified Copy \$87.50

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: LaToya Shoemaker

Name (Printed or typed)

5401 S. Kirkman Rd. Suite 310

Address

≆e€, Fl 32819

City, State & Zip

407-301-6775

Daytime Telephone number

asistersturningpoint@yahoo.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I	the corporation shall be: A Sister's Tu	urning Point for Change , エカム	
ARTICLE I	I PRINCIPAL OFFICE		
540	Principal <u>street</u> address: 01 S. Kirkman Rd. Suite 310	Mailing address, if different is:	
Or	lando, Florida 32819		<u> </u>
and scientific	for which the corporation is organized is: purposes, including for such purposes, the ma	e corporation is organized exclusively for charitable, religious, education eximply as exempt so any future federal tax code. In the way of explanation and	ection 501(c)(3)
		e: (a) to promote programs which focus on improving the socioe	
		direct, and implement community service programs that will empowe	
		s, case management, advocacy, mentoring, and performing arts; (c) to p	,
		crime prevention toward women on a local, national, and into	
		The	manner
in which d		nanner in which the directors are elected and appointed:	
ARTICLE	V INITIAL OFFICERS AND/OR DI	RECTORS	
Name and Titl	_{e:} LaToya Shoemaker- Director	Name and Title:	
Address	2576 Hunley Loop	Address:	
11001035	Kissimmee, Florida 34743		2 9
			VISED:
Name and Titl	e: Micaela Thomas -Director	Name and Title:	9 SEE
Address	18901 Pebble Links Circle	Address:	PA SAME
	Tampa, Florida 33647		4: 2
	·		
Name and Title		Name and Title:	
Address		Address:	
	•		

Name and Thi	е	_ Name and Title:	_	
Address		Address:	<u>.</u>	
			-	
			-	
Name and Title	:	Name and Title:		
Address				
Address	<u> </u>	Address:	-	
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT accept	ntable) of the registered agent is:		
Name:	LaToya Shoemaker	· ·	 ,	Ħ
	2576 Hunley Loop		K	¥IS#
Address:	Kissimmee, Florida 347	7/13	۱ -6	を 発見
	Trissiminee, Florida 547		PH	3.7.7.7 8.4.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.
ARTICLE VII	INCORPORATOR		f:	
The name and a	ddress of the Incorporator is:		2	
Name:	Micaela Thomas			187
Address:	18901 Pebble Links Ci	rcle		
	Tampa, Florida 33647			
,				
Having been nat	med as registered agent to accept service of	of process for the above stated corporation at the place a s registered agent and agree to act in this capacity	lesignated .	in this
ceruja die, 1 die	umatar wan ana aceept the appointment as	registered agent and agree to act in this capacity	1	
+	Required Signature of Registered	Agent Date	14	
I submit fitte the		n are true. I am aware that any false information submitte	ed in a dac	umont
	at of State constitutes a third degree felony a		cu m u upc	итст
A line	rela Thomas	415/2014)	
- Land	Required Signature of Incorp	orator Date		-
•				

Date of this notice: 01-27-2014

Employer Identification Number:

46-4631822

Form: SS-4

Number of this notice: CP 575 E

A SISTERS TURNING POINT FOR CHANGE 5401 S KIRKMAN RD ORLANDO, FL 32819

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-4631822. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it's very important that you use your EIN along with your complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information shown above isn't correct, please send us the correction using the attached tear-off stub.

Annual filing requirements

Most organizations with an EIN have an annual filing requirement, even if they engage in minimal or no activity.

A. If you are tax exempt, you may be required to file one of the following returns or notices:

Form 990, Return of Organization Exempt From Income Tax Form 990-EZ, Short Form Return of Organization Exempt From Income Tax Form 990-PF, Return of Private Foundation Form 990-N, e-Postcard (available online only)

Additionally, you may be required to file your annual return electronically.

If an organization required to file a Form 990, Form 990-PF, Form 990-EZ, or Form 990-N does not do so for three consecutive years, its tax-exempt status is automatically revoked as of the due date of the third return or notice.

Please refer to www.irs.gov/990filing for the most current information on your filing requirements.

B. If you are not tax-exempt, you may be required to file one of the following returns:

Form 1120, U.S. Corporation Income Tax Return Form 1041, U.S. Income Tax Return for Estates and Trusts Form 1065, U.S. Return of Partnership Income

Please refer to Publication 1635, Understanding Your EIN, for more information about which forms you may be required to file.