

N16000007709



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57 12/14/23

## STATEMENT OF FACT

(PLEASE refer to the original articles filed 8/05/2016 and attached BYLAWS)

My name is Kemari W Isaacs, I am the owner of the nonprofit Cross Our Hearts Inc. The EIN and 501c3 application were applied for in August 2016 by Nickolas J. Spradlin, Esq with my government identification credentials. On November 14, 2023, I Kemari W Isaacs dissolved the business legally and this was not done maliciously, it was done with the intent to stop Kevin W Isaacs Sr & Hope J Pace from soliciting contributions illegally and using my information for personal gain. Kevin W Isaacs Sr is NOT the PRESIDENT or OWNER of this business, he is the VP and his title was never changed. On November 20<sup>th</sup> Mr. Kevin W. Isaacs Sr reopened the business and made a name change along with removing myself from the business and adding two additional members which is illegal Pursuant to section 817.155, Florida statutes.

**\*Request for signed written statements from the board members or its directors that gives Kevin W Isaacs Sr permission to amend the articles of this corporation and a copy of Cross Our Hearts BYLAWS along with the meeting minutes from secretary/treasurer.**

Please be advised that the original and only board of directors and board members are as follows:

Kemari W Isaacs (Owner / President)  
Kevin W Isaacs Sr (Vice President)  
Florrita Barnes (Secretary / Treasurer)  
Tawanda Massalene (Board member)  
Kevin Holland (Board member)  
LaQuinda Barnes (Board member)

To address this matter, I would like the public to know Cross Our Hearts has never held a board meeting to adopt any changes regarding removing or adding members. All changes made by Kevin W Isaacs Sr are null and void under Article 14 Amendments may be made to these articles in accordance with Florida Law. All amendments shall be APPROVED by the Board of Directors. Proposed by them to the members and approved at the members meetings by a majority of the members, unless all the directors and all the members sign a written statement presenting their intention that a certain amendment of these articles of incorporation is made.

The Public should also be aware that the State of Florida requires a physical address for all nonprofit organizations operating in the State of Florida, as of January 2023 142 Windtree Lane has been on the market for rent and no business is currently being operated from the residence.

Please be advised effective September 2023 the solicitation and contributions has been closed with the FDACS.GOV, therefore this business is NOT authorized by the State of Florida to solicit contributions for any donations, grants, or sponsorships for Cross Our Hearts Inc.

877-264-4483

theycrossourhearts@gmail.com

1070 MONTGOMERY RD  
#2681  
ALTAMONTE SPRINGS, FL 32714

WWW.CROSSOURHEARTS.ORG

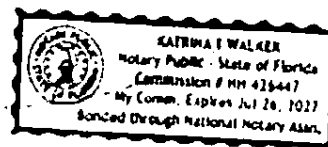


Sunbiz.org is only responsible for recording business filings and does not hold any individual accountable for falsifying documents that are filed with their organization. Additionally, Kevin W Isaacs Sr has been advised to obtain a new EIN with IRS and apply for a new business with the State and submit a new application for solicitation for his business. Due to the ongoing fraud investigation please do your due diligence with the referenced business and all parties currently listed effective November 20, 2023. If you should require additional information or status of the ongoing investigation, please contact me via email at the information below. No one has access to the business phone numbers, emails or address other than Kevin W Isaacs & Hope J Pace.

Sincerely,

Kernari W Isaacs  
Owner/President  
Cross Our Hearts Inc  
[Kisaacs2@gmail.com](mailto:Kisaacs2@gmail.com)  
P.O Box 1683  
Windermere, FL 34786

STATE/COMMONWEALTH OF Florida  
COUNTY OF Orange  
I, Kernari W Isaacs,  
DO SORELY AND SUBSCRIBED TO BEFORE  
ME THIS 4th DAY OF Dec, 2023  
NOTARY PUBLIC REGISTRATION# HH426447  
COMMISSION EXPIRES July 27, 2027



877-264-4483

[kycrossourhearts@gmail.com](mailto:kycrossourhearts@gmail.com)

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There was then presented to the meeting for adoption a proposed set of Bylaws of the corporation. The Bylaws were considered and discussed and, on motion duly made and seconded, it was unanimously

RESOLVED, that the Bylaws presented to this meeting be and hereby are adopted as the Bylaws of the corporation;

RESOLVED FURTHER, that the Secretary of this corporation is directed to see that a copy of the Bylaws is kept at the corporation's principal office.

Corporate Tax Exemptions

The Chairperson announced that, upon application previously submitted to the Internal Revenue Service, the corporation was determined to be exempt from payment of federal corporate income taxes under Section 501(c)(3) of the Internal Revenue Code per Internal Revenue Service determination letter dated \_\_\_\_\_, 2\_\_\_\_. The Chairperson then presented the federal tax exemption determination letter and the Secretary was instructed to insert this letter in the corporate records book.

The Chairperson announced that the corporation was exempt from applicable state corporate income, franchise or similar taxes. The Chairperson instructed the Secretary to place a copy of any correspondence related to the corporation's state corporate tax exemption in the corporate records book.

#### Election of Officers

President	KEMARI W. ISAACS
Vice President	KEVIN W. ISAACS, SR.
Secretary	FLORRITA BARNES
Treasurer	FLORRITA BARNES

Each officer who was present accepted his or her office. Thereafter, the President presided at the meeting as Chairperson of the meeting, and the Secretary of the corporation acted as secretary of the meeting.

#### Principal Office

After discussion as to the exact location of the corporation's principal office for the transaction of business in the county named in the Bylaws, upon motion duly made and seconded, it was RESOLVED, that the principal office of this corporation shall be located at 142 R, Winter Garden, Florida 34787.

877-264-4483

the.crossourhearts@gmail.com

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#2681

ALTAMONTE SPRINGS, FL 32714

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Kemari W Isaacs  
9300 Conroy Windermere Rd  
#1683  
Windermere, FL 34786

To whom it may concern:

My name is Kemari W Isaacs, the owner of Cross our Hearts Inc, this is to notify the Internal Revenue Service that I am requesting the 501c3 application be dissolved and no modification be made to the EIN. On November 14, 2023, it was dissolved at the state level and as of November 20, 2023, it was re-opened, and a name change was done by Kevin W Isaacs Sr illegally. Myself nor did any board members give him permission to do so as the business has never had a board meeting to authorize him to make any changes. I am in possession of BYLAWS, and he has violated all terms and conditions. I have sent him an email stating that I cancelled the solicitation and contribution with the Florida Department of Agriculture because he is abusing and misusing my name and the nonprofit for personal gain. I have contacted the IRS for months to notify them of the activity. I have never filed the form N990 and do not have any knowledge how to do so, I do not have access to the login credentials that Kevin W Isaacs Sr has made with the IRS. I am respectfully requesting the closure of the tax exemption immediately. Kevin W Isaacs Sr & Hope J Pace has possession of my personal information and I do not give either permission to use my information for anything.

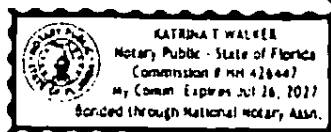
Sincerely,

Kemari W Isaacs  
Owner/President  
Cross Our Hearts Inc  
Kisaacs2@gmail.com

877-264-4483

thecrossourhearts@gmail.com

1070 MONTGOMERY RD  
#2681  
ALTAMONTE SPRINGS, FL 32714



STATE/COMMONWEALTH OF Florida  
COUNTY OF Orange  
I, Kemari W Isaacs, DO hereby  
SWORN TO AND SUBSCRIBED TO BEFORE  
ME THIS 4th DAY OF Dec. 2023  
NOTARY PUBLIC REGISTRATION# HH426447  
COMMISSION EXPIRES JULY 16, 2027

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## CROSS OUR HEARTS, INC.

Formed in Florida

Federal Employer Identification Number (Federal Tax ID Number)



877-264-4483

ineycrossourhearts@gmail.com

1070 MONTGOMERY RD

#2681

ALIAMONTE SPRINGS, FL 32714

The Law Offices of Nick Spradlin, PLLC

2202 N. West Shore Blvd. Suite 200 • TAMPA, FL 33607

Toll Free Number: (877) 845-0621 • Tel. (813) 435-3176 • Fax: (813) 333-6358

<http://www.mickspradlin.com>  
Email: [ns@mickspradlin.com](mailto:ns@mickspradlin.com)

[WWW.CROSSOURHEARTS.ORG](http://WWW.CROSSOURHEARTS.ORG)



P. O. BOX 2508  
CINCINNATI, OH 45201

Date: APR 14 2020

CROSS OUR HEARTS INC  
C/O KEMARI W ISAACS  
142 WINDTREE LANE  
WINTER GARDEN, FL 34787-0000

Employer Identification Number:  
81-3481834  
DLN:  
26053480001760  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
509(a)(2)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
March 18, 2020  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

CROSS OUR HEARTS INC

877-264-4483

[thecrossourhearts@gmail.com](mailto:thecrossourhearts@gmail.com)

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Sincerely,

*Debra L. Morris*

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<b>Form SS-4</b> (Rev. January 2010) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	OMB No. 1545-0043 EIN 81-3481834
1 Legal name of entity (or individual) for whom the EIN is being requested <b>CROSS OUR HEARTS, INC.</b>		
2 Trade name of business (if different from name on line 1) <b>KEMARI W. ISAACS</b>		
3 Executor, administrator, trustee "care of" name <b>KEMARI W. ISAACS</b>		
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>142 R WINTER GARDEN FLORIDA 34787</b>		
5a Street address (if different) (Do not enter a P.O. box) <b>ORANGE, FLORIDA</b>		
4b City, state, and ZIP code (if foreign, see instructions) <b>ORANGE, FLORIDA</b>		
5b City, state, and ZIP code (if foreign, see instructions) <b>ORANGE, FLORIDA</b>		
6 County and state where principal business is located <b>ORANGE, FLORIDA</b>		
7a Name of responsible party <b>KEMARI W. ISAACS</b>		
7b <del>SSN of responsible party</del> <div style="background-color: black; width: 100px; height: 1.2em; margin: 2px 0;"></div>		
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8b If 8a is "Yes," enter the number of LLC members <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> Personal service corporation <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ <b>990</b> <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal government/enterprise <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Group Exemption Number (GEN) if any ▶		
9b If a corporation, name the state or foreign country (if applicable) where incorporated State <b>FLORIDA</b> Foreign country		
10 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 13) <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
11 Date business started or acquired (month, day, year). See instructions. <b>8/5/2016</b>		
12 Closing month of accounting year <b>DECEMBER</b>		
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. Agricultural <b>0</b> Household <b>0</b> Other <b>0</b>		
14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). <input type="checkbox"/>		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) <b>SHELTERING</b>		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>SHELTERING THE NEEDY</b>		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶		
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. Designee's name <b>Nickolas Spradlin</b> Address and ZIP code <b>2202 N. West Shore Blvd, Suite 200 TAMPA FL 33607</b>	
	Designee's telephone number (include area code) <b>(813) 435-3176</b> Designee's fax number (include area code) <b>(813) 333-6358</b>	
Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct, and complete.		
Name and title (type or print clearly) ▶ <b>KEMARI W. ISAACS PRESIDENT</b>		
Signature ▶ <input type="checkbox"/> Date ▶		
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Call No. 1-800-555-4477 Form <b>SS-4</b> (Rev. 1-2010)		