

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



**NICOLE "NIKKI"  
FRIED  
COMMISSIONER**

**SMALL CHARITABLE ORGANIZATIONS/SPONSORS REGISTRATION  
APPLICATION**

Solicitation of Contributions Act  
Chapter 496, Florida Statutes  
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352)  
850-410-3800 *Calling Outside Florida*  
www.800helpfla.com • 850-410-3804 *Fax*

**NO FEE  
REQUIRED**

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

**Application Information**

**License Number:** CH59711

**Business Information**

**Legal Name:** FLORIDA ATTRACTIONS FOUNDATION INC  
**Business Phone:** 850-222-2885  
**Business Fax:** 850-561-0708  
**Business Address:** 1114 N GADSDEN ST  
TALLAHASSEE Florida 32303-6328  
**Mailing Address:** 1114 N GADSDEN ST  
TALLAHASSEE Florida 32303-6328  
**Email Address:** john@harvard-cpa.com  
**Website Address:** www.floridaattractions.org  
**Fictitious Names\*\*** Not Applicable

\*\*All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

**Organization Information**

**Form of Organization:** Corporation  
**FEIN:** 46-1157701  
**Established In:** Florida **Legally Established:** 4/15/2013

**Business Details**

**Month/Day fiscal year ends:** 06/30

**Organization's Internal Revenue Service Status:** 501(c)(3)

**Purpose of the Organization:**

To support the Florida Attractions Industry.

**Purpose for which the contributions are used:**

To support the Florida Attractions Industry.

## Personnel Information

**Name:** BILL LUPFER  
**Title:** In Charge of Distribution  
In Charge of Solicitation  
**Phone:** 850-222-2885  
**Address:** 1114 N GADSDEN ST  
TALLAHASSEE Florida 32303-6328

## Additional Information

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] *No*
2. Is this person compensated? *No*
3. Has this person 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? [s. 496.405(2)(d)5, F.S.] *No*

## Financial Statement

**Fiscal year ending:** 06/30/2022  
**Financial statement source:** Department's financial report form

## Department's financial report form

### Revenues

1. Contributions, gifts, grants, and similar amounts received 14,312
2. Government grants (must list sources and amounts)
3. Inventory sales
  - a. Gross Revenue
  - b. Less costs
  - c. Net Income
4. Special fundraising events
  - a. Gross revenue
  - b. Less expenses
  - c. Net Income
5. In-Kind contributions and services
6. Federated campaigns (must list sources and amounts)
7. Program service revenue
8. Membership dues and assessments
9. Other revenue (must list sources and amounts)

10. **TOTAL REVENUE**(add lines 1 through 9) \$ 14,312

### Expenses

1. Program services(including payments to affiliates) 14,484

2. Management and general

3. Fundraising

4. **TOTAL EXPENSES**(add lines 1,2, and 3) \$ 14,484

### Supporting Documents(List of Sources and Amounts)

1. **Name:** FAF 6.30.2022 QB PL.pdf

**Type:** Miscellaneous

2. **Name:** FAF 6.30.2022 QB Balance Sheet.pdf

**Type:** Miscellaneous

### Application Questionnaire

**Did the charitable organization or sponsor receive \$25,000 or more in total revenue during the immediately preceding fiscal year?** No

**Are the fundraising activities of the charitable organization or sponsor carried on by any compensated volunteers, members, or officers ?** No

**Are any part of the assets or income of the organization or sponsor inured to the benefit of or paid to any officer or member?** No

**Does the charitable organization or sponsor utilize a professional fundraising consultant, professional solicitor, or commercial co-venture?** No

### Preparer Information

First Name: John  
Last Name: Harvard  
Company Name: Harvard and Associates CPA PA  
Title: CPA  
Phone Number: 850-510-3540  
Email Address: john@harvard-cpa.com

### Signature Information

I certify the following:

- \*  I certify that I am authorized to complete this application and the information provided is true and accurate.
- \*  I certify that the above-named charitable organization or sponsor received less than \$25,000 in total revenue (including contributions).
- \*  I certify that the fundraising activities of the above named charitable organization or sponsor are 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 above named charitable organization or sponsor.



I certify that the above named charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

**Signature Name:** John Darrow Harvard

**Signature Date:** 8/8/2022