Florida Department of Agriculture and Consumer Services Division of Consumer Services



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 https://www.fdacs.gov/ConsumerServices • 850-410-3804 Fax

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

NO FEE REQUIRED

Application Information

License Number: CH37019

Document Tracking Number: 3793860 **Application Date:** 07/17/2023 09:59:17 AM

Business Information

Legal Name: ATAYAL, INC. **Business Phone:** 407-459-7766

Business Address: 631 DELANEY AVE, #23

ORLANDO Florida 32801

Mailing Address: 631 DELANEY AVE, #23 ORLANDO Florida 32801

Email Address: info@atayal.org

Website Address: www.indigenousbridges.org

Fictitious Names** ATAYAL

**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:** 59-3719572

Established In: Florida Legally Established: 3/26/2001

Business Details

Month/Day fiscal year ends: 12/31

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

Purpose of the Organization:

International indigenous cultural exchange activities.

Purpose for which the contributions are used:

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Funding international indigenous cultural exchange programs and activities. Administrative fees for the upkeep of having a web site.

Personnel Information

Name: TONY COOLIDGE

Chief Executive Officer

Title: In Charge of Solicitation

President

Phone: 407-459-7766

Address: 631 DELANEY AVE, #23 ORLANDO Florida 32801

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, 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? *No*
- Has this person 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? *No*
- 5. Has this person been enjoined from violating any law relating to a charitable solicitation? *No*

Name: SHU-MIN H COOLIDGE

Title:

In Charge of Distribution
Treasurer

Phone: 407-459-7766

Address: 631 DELANEY AVE, #23

ORLANDO Florida 32801

Additional Information

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- 2. Is this person compensated? *No*
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chapter or resulting from acts committed while involved in the solicitation of contributions within the last 10 years? No

5. Has this person been enjoined from violating any law relating to a charitable solicitation? *No*

Name: GARY SMOKE

Title: Director

Phone: Vice President 407-459-7766

Address: 631 DELANEY AVE, #23 ORLANDO Florida 32801

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, 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? *No*
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- 5. Has this person been enjoined from violating any law relating to a charitable solicitation? *No*

- Removed

Name: YU SHEA CHASE

Title:

Phone: 407-459-7766

Address:

Name: CHRIS BOURFF
Title: Authorized Agent
Phone: 407-459-7766

Address: 631 DELANEY AVE, #23 ORLANDO Florida 32801

Additional Information

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- 3. Has this person, 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? *No*

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- Has this person been enjoined from violating any law relating to a charitable solicitation? No

Financial Statement

Fiscal year ending: 12/31/2022

Financial statement

990 EZ and Schedule O

source:

\$3,823

Total Expense:

\$9,325

Program Service Expense: \$3,267

Management & General

Total Revenue:

\$6,058

Expense:

\$0

Fundraising Expense:

Attached Documents

1. Name: 2022-Form990-EZ-Final.pdf

Type: Financial Information 2. Name: 2022-Form990-O.pdf **Type:** Financial Information

Desc: Schedule O

Supporting Documents(List of Sources and Amounts)

1. Name: 2022-Form990-O.pdf **Type:** Financial Information

Desc: Schedule O

Application Questionnaire

Did the charitable organization or sponsor receive \$50,000 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

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First Name: Tony

Last Name:CoolidgeCompany Name:ATAYALTitle:President

Phone Number: 407-459-7766 **Email Address:** info@atayal.org

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 \$50,000 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: /Tony Coolidge/

Signature Date: 7/17/2023

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