

**Leon County Choose Life License Plates
Grant Program**

2008/09 GRANT APPLICATION

FORM ONE: ORGANIZATIONAL INFORMATION

AGENCY'S LEGAL NAME A WOMEN'S PREGNANCY CENTER

STREET ADDRESS 919 W. PENSACOLA STREET

MAILING ADDRESS 919 W. PENSACOLA STREET

CITY TALLAHASSEE STATE FL

ZIP 32304

PHONE NUMBER (850) 297-1174

FAX NUMBER (850) 297-1126

AGENCY CONTACT : BARB SHACKELFORD

E-MAIL ADDRESS BARB@AWPC.CC

The following are the minimum legal requirements. An agency must meet these criteria to qualify for funding. Please provide the requested information below:

Registration with the U. S. Department of Treasury, Section 501 (c) (3), Internal Revenue Service Code, for exempt status. Tax Exempt # 59-2632869

Registration with the Florida Department of Agriculture and Consumer Services, pursuant to Chapter 496. F.S. Registration # CH5809

If your organization is exempt, as provided for in section 496.406, F.S., a copy of your exemption letter must be attached to this application.

If your organization is automatically excluded, pursuant to Section 496.403, F.S., check .

Your organization must be registered as a non-profit corporation with the Florida Department of State pursuant to Chapter 617. F.S. Registration # No6836

If your organization has a physical presence in Florida, you must be registered with the Florida Department of Revenue pursuant to Chapter 212.08. F.S. State Sales Tax Exempt # 85-8012680300c-7

MARCUS WINCHESTER Marcus Winchester 5/28/09
CHIEF VOLUNTEER OFFICER (Board President or Chair Signature Required) DATE

BARB SHACKELFORD Barb Shackelford 5/28/09
CHIEF PROFESSIONAL OFFICER (Executive Director Signature Required) DATE

Attachment # 6
Page 3 of 10

C - 1130
ATLANTA, GA 30301

Date: JUL 23 1990

WOMENS PREGNANCY CENTER OF
TALLAHASSEE INC
1225 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308-0000

Employer Identification Number:
59-2632869
Contact Person:
STEPHONIE HOUSTON
Contact Telephone Number:
(404) 331-0169

Our Letter Dated:
February 19, 1987
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c) (3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the code because you are an organization of the type described in section 509(a) (1) and 170(b) (1) (A) (vi).

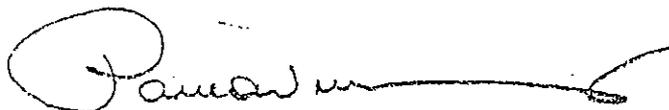
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a) (1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a) (1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Paul Williams
District Director

20



Florida Department of Agriculture & Consumer Services
CHARLES H. BRONSON, Commissioner
Tallahassee, Florida

Attachment # 6
Page 4 of 10

November 7, 2008

Division of Consumer Services
2005 Apalachee Pkwy
Tallahassee FL 32399-6500
Phone: 1-800-HELP-FLA
URL: <http://www.800helpfla.com>

Refer To: CH5809

A WOMEN'S PREGNANCY CENTER, INC.
919 W PENSACOLA ST
TALLAHASSEE, FL 32304-8037

RE: A WOMEN'S PREGNANCY CENTER, INC.
REGISTRATION#: CH5809
EXPIRATION DATE: October 31, 2009

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 60 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Nina J McLeod

Nina J McLeod
Regulatory Consultant
1-800-HELP-FLA, (850) 488-2221
Fax: 850-410-3804
E-mail: mcleodn@doacs.state.fl.us

~~2009~~ NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N06836

Entity Name: A WOMEN'S PREGNANCY CENTER, INC.

Current Principal Place of Business:

919 WEST PENSACOLA
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Attachment # 6
Page 5 of 10

Current Mailing Address:

919 WEST PENSACOLA
TALLAHASSEE, FL 32304 US

New Mailing Address:

FEI Number: 59-2632869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHACKELFORD, BARBARA
919 WEST PENSACOLA
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUDOLPH, JOHN MR.
Address: 5653 TORTOISE CROSSING
City-St-Zip: TALLAHASSEE, FL 32309

Title: O () Delete
Name: SHACKELFORD, BARB
Address: 3843 E MILLERS BRIDGE RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: O () Delete
Name: WINCHESTER, MARCUS
Address: 7002 DUCK COVE RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: EMHOF, DR. LES
Address: 5250 OCHLOCKNEE RD
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: BELL, W. DOYLE
Address: 1941 HARRIET DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: BAKER, TAMZEN
Address: 6804 DAY STAR CT
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOYLES, JOE
Address: 4411 NE COUNTY ROAD 255
City-St-Zip: LEE, FL 32059

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SHACKELFORD

O

04/14/2009

Electronic Signature of Signing Officer or Director

Date



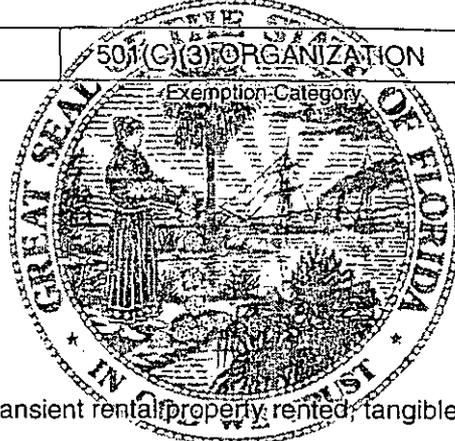
Consumer's Certificate of Exemption

Page 6 of 10

DR-14 R. 04/05 04/20/06

Issued Pursuant to Chapter 212, Florida Statutes

85-8012680300C-7	02/14/2006	02/28/2011	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category



This certifies that

A WOMENS PREGNANCY CENTER INC
919 W PENSACOLA ST
TALLAHASSEE FL 32304-8037

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14 R. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

FORM TWO: ORGANIZATIONAL REPRESENTATION

Please complete the following grid concerning the composition of your clients, Board of Directors, and staff at the close of the 2007/08 fiscal year.

	Client Composition	Board of Directors	Professional Staff	Support Staff	Total Staff
BY RACE:	283	9	6	2	8
Caucasian					
African American	801	2	1	0	1
American Indian	0	0	0	0	0
Hispanic	40	0	0	0	0
Asian	13	0	0	0	0
Other	38	0	0	0	0
TOTAL:	1175	11	7	2	9
BY GENDER:	38	8	0	0	0
Male					
Female	1137	3	7	2	9
BY AGE:	306	0	0	0	0
Birth-18					
19-35	763	1	1	2	3
36-55	65	7	5	0	5
Over 55	0	3	1	0	1
TOTAL:	1134	11	7	2	9
# persons with disabilities	n/a	1	0	0	0

FORM THREE -- ORGANIZATIONAL OVERVIEW

Attachment # 6
Page 8 of 10

Narratives should be written in a concise manner. If necessary, attach one additional sheet.

1. Please state the agency's overall mission and purpose.

To equip women and men with information and resources to make informed and confident decisions regarding their unplanned pregnancies.

2. Please identify goals and objectives planned for your 2008/09 fiscal year (or current fiscal year).

To increase awareness of adoption as a valid choice for an unplanned pregnancy.

To increase awareness of our agency and services to the college campuses in Tallahassee.

To add another satellite office.

To increase the number of volunteers to from 64 to 100.

To install a billboard promoting adoption in the Tallahassee area.

FORM FOUR: Statement of Activities

A. Please highlight successful collaborative efforts that your agency has conducted or is presenting participating in during this current fiscal year.

We have partnered with Christian Family Services and Florida Baptist Children's Home to educate our volunteers on the best ways to present adoption as a valid choice for handling an unplanned pregnancy.

We are partnered with many churches to provide volunteer services to our clients. They also have generic baby showers so we may provide new baby items in a layette we give the babies when born. In addition, many of their congregants provide gently used baby clothes and equipment that we give our clients through the Moms and Babies room.

We have made arrangements with TalTran to put up our posters on each bus in exchange for us providing Taltran bus schedules in our reception area.

B. Identify FY 2008-09 fund-raising plans to generate funds to support the agency and its program delivery structure.

We have two annual events: a Walk for Life and a Banquet.

We deliver a monthly newsletter to over 4000 homes telling of our services and client stories. This newsletter generates a steady flow of income from individuals.

We will have our first Golf Tournament this year to raise funds.

C. Please list all formal grants and in-kind donations for your most recent completed fiscal year.

No grants, and we don't track in-kind donations. Our budget is funded entirely by individuals, churches and businesses.

Individuals and Businesses	\$117,869
Churches	\$ 71,574
Walk for Life	\$ 73,064
Banquet	\$134,987

D. Do you participate in any pro-abortion activities? Yes _____ No **X**_____.

E. Do you charge women for services received? Yes _____ No **X**_____.

FORM FIVE: PROGRAM SUMMARY

A WOMEN'S PREGNANCY CENTER GENERAL SERVICES
 (Complete FORM 5 for each program for which you are requesting funding)

AGENCY NAME: A WOMEN'S PREGNANCY CENTER

PROGRAM NAME: PEER CRISIS COUNSELING

PROGRAM SERVICE: PEER CRISIS COUNSELING

A. PROGRAM RESOURCES

PROGRAM RESOURCE INPUT	2007/08 Actual	2008/2009 Projected
Total Program Budget	\$ 397,457	\$ 451,000
Program Staff (FTE)	# 7	# 8
Program Volunteers (Value)	\$ 23,387	\$ 36,540
Program In-Kind Donations	\$ N/A	\$ N/A (we don't track this)

B. PROGRAM DESCRIPTION

1. Narrative Description of Program:

Succinctly describe the program including types of services provided, how and by whom (staff, volunteers, etc.) they are provided, and any eligibility requirements for clients.

Individual services provided are pregnancy testing, one non-medical ultrasound for the purpose of seeing a baby's heartbeat, peer counseling on the choices and resources available to a woman experiencing a pregnancy, peer counseling on relationships, and access to our Moms and Babies Room once a month for maternity clothes, baby clothes and diapers up through six months after the babies' birth. We also give them any baby furniture donated to us. Group services are provided for women who have experienced an abortion in the form of a 12 week small group.

- **All our services are free.**
- **All of our services are provided by volunteers.**
- **In order to receive our full range of services clients must not be beyond their 14th week. If someone comes to us beyond their 14th week we will see them one time in order to provide them with a list of referrals and one visit to our Moms and Babies Room. Other than that there are no eligibility requirements.**