



Florida Department of Agriculture and Consumer Services  
NICOLE "NIKKI" FRIED, Commissioner  
Division of Consumer Services  
PO Box 6700 Tallahassee FL 32314-6700

December 4, 2021

FDACS  
PO BOX 6700  
TALLAHASSEE FL 32399

1-800-HELP-FLA (435-7352)  
1-850-410-3800  
Fax: 1-850-410-3804

SARASOTA INSTITUTE OF LIFETIME LEARNING, INC.  
8499 S TAMiami TRL # 219  
SARASOTA, FL 34238-2960

**SAVE TIME - REGISTER ONLINE**  
[www.FDACS.gov](http://www.FDACS.gov)

**SUBJECT: SOLICITATION OF CONTRIBUTIONS ANNUAL RENEWAL REGISTRATION**  
Registration Number: CH19092 Expiration Date: January 17, 2022

Your annual state registration as a charitable organization or sponsor under the Solicitation of Contributions Act is **NOW DUE AND PAYABLE**. Pursuant to Chapter 496, Florida Statutes, charitable organizations and sponsors are required to register annually with the Department of Agriculture and Consumer Services. In addition, you are required to provide financial information for the immediately preceding fiscal year by filing the Department's financial report form or a complete copy of your Internal Revenue Service Form 990 and all attached schedules or your Form 990-EZ and Schedule O.

Enclosed for your convenience is a pre-printed Renewal Registration Form with registration information from your last annual registration. Please note any changes by crossing out the incorrect information and entering the correct information in ink. Return it with the registration fee and financial information to the Department at PO BOX 6700, TALLAHASSEE FL 32399. Your registration application **MUST BE RECEIVED BEFORE** your current registration expires.

**NOTE:** If a charitable organization or sponsor that has filed for this exemption actually acquires total revenue equal to or in excess of \$25,000 at any time during its fiscal year, the charitable organization or sponsor must register with the department as required by s. 496.405, F.S. within 30 days after the date the revenue reaches \$25,000.

**PLEASE BE ADVISED** that if it is determined you are operating as a charitable organization or sponsor in violation of Chapter 496, Florida Statutes, the Department will seek its available legal remedies against you. Failure to comply with this law will subject you to a cease and desist order and monetary fines up to \$5,000 per violation.

If you have any questions, please contact this office at (800) 435-7352, or (850) 410-3800.

Sincerely,

NICOLE "NIKKI" FRIED  
COMMISSIONER OF AGRICULTURE

**SAVE TIME BY RENEWING ONLINE at [www.FDACS.gov](http://www.FDACS.gov)**





Florida Department of Agriculture & Consumer Services  
Division of Consumer Services

**RENEWAL REGISTRATION STATEMENT  
FOR CHARITABLE ORGANIZATIONS AND  
SPONSORS**

**SOLICITATION OF CONTRIBUTIONS ACT**  
Chapter 496, Florida Statutes  
Rule 5J-7.004, Florida Administrative Code

**NICOLE "NIKKI" FRIED  
COMMISSIONER**

For online payments, visit [www.FDACS.gov](http://www.FDACS.gov)  
Make check payable to FDACS and remit application to:

FDACS  
PO BOX 6700  
TALLAHASSEE FL 32399

1-800-HELP-FLA (435-7352)  
1-850-410-3800  
Fax: 1-850-410-3804

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

SARASOTA INSTITUTE OF LIFETIME LEARNING, INC.

Registration Number: CH19092 Expiration Date: January 17, 2022 FEID Number: 59-2344325

In order for this applicant to continue to legally solicit in the state, registration must be renewed prior to the expiration date. Please return the forms with the appropriate registration fee and a copy of the Department's statement of revenue/support and expenses, the Internal Revenue Service Form 990 with all attached schedules, or the Internal Revenue Service Form 990-EZ and schedule 0, for the immediately preceding fiscal year, to the above address.

**REGISTRATION FEES:**

For contributions received the preceding fiscal year:

	Fee
a. Less than \$5,000, with or without paid officers	\$ 10
b. \$25,000 or less, <b>no</b> compensated employees, no part of the assets or income inures to the benefit of any officer or member, or no professional solicitors/consultants	10
c. \$5,000 or more, but less than \$100,000	75
d. \$100,000 or more, but less than \$200,000	125
e. \$200,000 or more, but less than \$500,000	200
f. \$500,000 or more, but less than \$1,000,000	300
g. \$1,000,000 or more, but less than \$10,000,000	350
h. \$10,000,000 or more	400

**Note:** A parent organization filing on behalf of one or more chapters, branches, or affiliates shall total all contributions received by them to determine registration fees.

**LATE FEES:** A charitable organization or sponsor which fails to renew their registration by the annual due date should submit a late fee of \$25 for each month or part of a month after the expiration date.

1. Enclosed:  
Registration fee of \$ 75.00  
and late fee of \$ \_\_\_\_\_  
(Include \$25 per month late fee, if applicable)

Solicitation of Contributions DTN: 3547877  
Org Code: 42100625000  
Object Code: 001133



2. Principal Street Address:

Name: SARASOTA INSTITUTE OF LIFETIME LEARNING, INC.

Street Address: ~~611 HARBOR SHORE DR~~ 5220 Sand Lake Ct.

City, State and Zip: ~~NOKOMIS, FL 34275-3427~~ Sarasota, FL 34238 Phone: ~~941-365-6404~~ 847-476-9502

E-mail ~~mispottswood@gmail.com~~ Web site: sillsarasota.org Fax: \_\_\_\_\_

mgreenwald374@gmail.com

3. Mailing Address (if different):

Name: ~~8499 S. TAMiami Tr~~

Street Address: 8499 S TAMiami TRL # 219

City, State and Zip: SARASOTA, FL 34238-2960 Phone: \_\_\_\_\_

4. Fictitious (DBA) Name: \_\_\_\_\_

5. Other name(s) soliciting as: \_\_\_\_\_

6. What is the purpose for which the organization is organized?

TO ORGANIZE AND CONDUCT A SERIES OF LECTURES ON MUSIC, POLITICAL AND HISTORICAL PROGRAMS OF PUBLIC INTEREST FOR THE GENERAL BENEFIT OF THE COMMUNITY.

What is the purpose for which the contributions will be used?

TO SUPPORT THE PRESENTATION OF THE LECTURE SERIES ON MUSIC, POLITICAL AND HISTORICAL PROGRAMS OF PUBLIC INTEREST FOR THE GENERAL BENEFIT OF THE COMMUNITY.

7. List or description of major program activities:

MUSIC LECTURE PROGRAM SERIES, GLOBAL ISSUES LECTURE PROGRAM SERIES.

8. IRS Tax exempt: 501(C)(3)

**If changed, enclose copy of IRS notice.**

9. If applicant does not maintain an office in Florida, person with custody of financial records:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

10. Individuals or officers who have final responsibility for the custody of the contributions and who will be responsible for the final distribution of the contributions:

Name: GREENWALD, MARSHALL

Street Address: 5220 SAND LAKE CT

City, State, and Zip: SARASOTA, FL 34238-4005 Contact Phone: 847-476-9502

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

11. Individual or officer who is in charge of solicitation activities:

Name: COTNER, BETH

Street Address: 5155 KESTRAL PARK LN

City, State, and Zip: SARASOTA, FL 34231-3239 Contact Phone: 941-349-3687

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

12. Is this charitable organization or sponsor authorized by another state to solicit contributions?

YES  NO

13. Has the charitable organization or sponsor or any of its officers, directors, trustees, or principal executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets?

YES  NO

14. Has the charitable organization or sponsor had its registration or authority denied, suspended, or revoked by any governmental agency?

YES  NO If yes, the reasons for the denial, suspension, or revocation were:

\_\_\_\_\_  
\_\_\_\_\_

15. Has the charitable organization or sponsor voluntarily entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s.496.420, Florida Statutes?

YES  NO If yes, enclose a copy of the agreement.

16. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, 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?

YES  NO

If yes, provide the following information for each individual: (Attach a separate sheet if necessary).

Name: \_\_\_\_\_

Nature of offense: \_\_\_\_\_ Date: \_\_\_\_\_

Court having jurisdiction: \_\_\_\_\_

Disposition of offense: \_\_\_\_\_ Date: \_\_\_\_\_

17. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees been enjoined from violating any law relating to a charitable solicitation?

YES  NO

Name: \_\_\_\_\_

Date of Injunction: \_\_\_\_\_

Court issuing the injunction: \_\_\_\_\_

18. Does the charitable organization or sponsor employ a Professional Solicitor?

YES  NO If yes, complete Attachment A-1, and provide a copy of current contract.

19. Does the charitable or sponsor organization employ a Professional Fundraising Consultant?

YES  NO If yes, complete Attachment A-2, and provide a copy of current contract.

20. Does the charitable organization or sponsor utilize a commercial co-venturer? [s. 496.405(2)(e), F.S.]

YES  NO If yes, attach a copy of the current contract, and provide the following information for each. (attach additional sheets as necessary using the same format)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number:

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Contract:

Beginning Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**NOTE:** Any change to the responses provided to Questions 19 - 24 must be reported to the department within 10 days after the change occurs. (s. 496.405(1)(b), F.S.) The Solicitation of Contributions Material Change Form, FDACS-10118, Rev. 01/15, as incorporated in Rule 5J-7.004(5), F.S., This form can be found online at [www.800helpfla.com](http://www.800helpfla.com).

21. Are you filing as a parent organization?

YES  NO If yes, complete Attachment C.

22. If sponsor, answer the following:

"Sponsor" means a group or person who is or holds herself or himself out to be soliciting contributions by the use of a name that implies that the group or person is in any way affiliated with or organized for the benefit of emergency service employees or law enforcement officers and the group or person is not a charitable organization. The term includes a chapter, branch, or affiliate that has its principal place of business outside the state if such chapter, branch, or affiliate solicits or holds itself out to be soliciting contributions in this state.

a. Does the membership consist of members who are individuals of whom at least 10% or 100 members, whichever is less, are actively employed as law enforcement officers or emergency service employees by an agency of the United States, this state, a municipality, or a political subdivision of this state, and who personally sign written membership agreements with the organization and pay an annual membership of not less than \$10 a member?

YES  NO

- b. Total number of sponsor's members: \_\_\_\_\_
- c. Total number of members actively employed as law enforcement or emergency service employees: \_\_\_\_\_
- d. Percentage of total net contributions which are dispersed in the state on behalf of its members in the furtherance of its stated purposes or programs (defined as the total amount of all contributions raised minus the total cost of expenses incurred in raising contributions solicited): \_\_\_\_\_%

**CERTIFICATION**

I, Michael G. Gorman, Secretary of State Institute of Lifetime Learning, do hereby certify that the information provided is true and accurate.

I am authorized to complete this registration application and that the information provided is true and accurate.

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.

I, Michael G. Gorman, Secretary of State Institute of Lifetime Learning, do hereby certify that the information provided is true and accurate.

I am authorized to complete this registration application and that the information provided is true and accurate.

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.

**FINANCIAL STATEMENT**

24. Indicate the type of financial statement you are filing for the immediately preceding fiscal year. (See Article 10, § 121)

- Budget (newly formed organizations only)
- Department's financial statement form
- 990 and/or 990-EZ
- 990-EZ and Schedule C
- 150 (my Electronic request for your financial report only) (return to file a financial statement when the 150 day wait term in automatic reposition of your organization) (see 485-403 (2)(c)(2)(i))
- 25. Charitable organizations or sponsors that receive at least \$200,000 in annual contributions must file their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than \$1 million then the financial statement must be audited by an independent certified public accountant. (see 485-403 (2)(c)(2)(i))
- 26. I have attached the copies of letters annual certification to this registration application. (see 485-403 (2)(i))
- 27. I have attached a copy of my 990-EZ return. (see 485-403 (2)(i))
- 28. I have attached a copy of my 990-EZ return and my personal net worth statement. (see 485-403 (2)(i))
- 29. I have attached a copy of my 990-EZ return and my personal net worth statement. (see 485-403 (2)(i))
- 30. I have attached a copy of my 990-EZ return and my personal net worth statement. (see 485-403 (2)(i))

### CONTACT PERSON

23. Person Responsible for completing renewal application.

Name: Marshall Greenwald Telephone Number 847-476-9502 Email mgreenwald374@gmail.com

### CERTIFICATION

I, Marshall Greenwald, am the Treasurer  
Name Title

of Sarasota Institute of Lifetime Learning  
Name of Organization or Company

And further state as follows: (Please check all that apply)

- I have read the registration application and know the contents thereof; and
- The registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act;

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.

Marshall Greenwald  
Signature

Marshall Greenwald 1/5/2022  
Printed Name Date

(847) 476 - 9502  
Telephone Number

mgreenwald374@gmail.com  
Email Address

### FINANCIAL STATEMENT

24. Indicate the type of financial statement you are filing for the immediately preceding fiscal year: [s. 496.405(2)(a),FS]

- Budget (newly formed organizations only)
- Department's financial statement form.
- 990 and all attached schedules
- 990 - EZ and Schedule O
- 180 Day Extension requested for your financial report only. (Failure to file a financial statement within the 180 days will result in automatic suspension of your registration.) [s. 496.405(1)(d)2, FS]

25. Charitable organizations or sponsors that receive at least \$500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than \$1 million, then the financial statement must be audited by an independent certified public accountant. [s. 496.407(1)(d), F.S.]

Attached is a copy of signed CPA review or audit  Yes  No

26. Month/Day fiscal year ends: [s. 496.405(2)(g)3, F.S.] 06/30  
Month / Day

27.  I have attached the conflict of interest annual certification to this registration application. [s. 496.4055, F.S.]

**FINANCIAL STATEMENT**

**FISCAL YEAR ENDING** 6 / 30 / 2020

(Please use department material change form if your organization's fiscal year ending changes.)

Is this a consolidated financial statement for chapters, branches, or affiliates?  Yes  No

**NOTE:** In lieu of using this financial statement you may send the **IRS Form 990** and **all attached schedules** or the **IRS Form 990EZ** and **Schedule O**.

**\*\* IRS 990N E-Postcard and IRS 990-PF are not acceptable Financial Statements.**

**REVENUE**

- 1. Federated campaigns:** (must provide a list of sources and amounts) 1. \_\_\_\_\_
- 2. Government grants:** (must provide a list of sources and amounts) 2. \_\_\_\_\_
- 3. Program service revenue:** 3. \_\_\_\_\_
- 4. Membership dues:** 4. \_\_\_\_\_
- 5. Income from interest, dividends, etc.** 5. \_\_\_\_\_
- 6. Income from investments & tax-exempt bond proceeds:** 6. \_\_\_\_\_
- 7. Sale of assets other than inventory:**
  - a. Gross sales 7a. \_\_\_\_\_
  - b. Less sales expenses 7b. \_\_\_\_\_
  - c. Net gain or (loss) from sale of assets 7c. \_\_\_\_\_
- 8. In-kind contributions (non-cash contributions):** 8. \_\_\_\_\_
- 9. Royalties:** 9. \_\_\_\_\_
- 10. Related organizations:** (Must provide a list of sources and amounts) 10. \_\_\_\_\_
- 11. Net rental income:** 11. \_\_\_\_\_
- 12. Sales of inventory**
  - a. Gross sales 12a. \_\_\_\_\_
  - b. Less: costs of goods sold 12b. \_\_\_\_\_
  - c. Net income or (loss) from inventory sales 12c. \_\_\_\_\_
- 13. Income from fundraising events:**
  - a. Gross 13a. \_\_\_\_\_
  - b. Less: direct expenses 13b. \_\_\_\_\_
  - c. Net income or (loss) from fundraising events 13c. \_\_\_\_\_
- 14. Income from gaming activities:**
  - a. Gross 14a. \_\_\_\_\_
  - b. Less: direct expenses 14b. \_\_\_\_\_
  - c. Net income or (loss) from gaming activities 14c. \_\_\_\_\_
- 15. All other contributions, gifts, grants & similar amounts:** 15. \_\_\_\_\_
- 16. TOTAL REVENUE** 16. \_\_\_\_\_  
(Add lines 1,2, 3, 4, 5, 6, 7c, 8, 9, 10, 11, 12c, 13c, 14c & 15)

**Statement of Functional Expenses**

ITEMS	(A) Program Services	(B) Management & General	(C) Fundraising	TOTAL for A,B, C
Grants & allocations (cash <input type="checkbox"/> Non cash <input checked="" type="checkbox"/> Attach schedule				
Assistance to individuals				
Benefits to or for members				
Compensation to officers, etc.				
Other salaries, wages, etc.				
Fees for service non employees				
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Investment management fees				
Accounting fees				
Management				
Legal fees				
Lobbying				
Office supplies				
Telephone				
Postage & shipping				
Equipment rental				
Occupancy				
Printing				
Travel				
Conferences & meetings				
Interest				
Insurance				
Advertising & promotions				
Information technology				
Royalties				
Payments to affiliates				
Depreciation, depletion & amortization				
Other (List Item)				
Other (List Item)				
Other (List Item)				
<b>TOTAL EXPENSE:</b>	<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>TOTAL</b>

**EXPENSES:**

- 17. Program services expenses, including payments to affiliates (Total of column A) 17. \_\_\_\_\_
- 18. Management & general (Total of column B) 18. \_\_\_\_\_
- 19. Fundraising (Total of column C) 19. \_\_\_\_\_
- 20. TOTAL EXPENSES (add lines 17, 18 & 19) 20. \_\_\_\_\_

**NET ASSETS:**

- 21. Excess (or deficit) for the year (line 16 less line 20) 21. \_\_\_\_\_
- 22. Net assets of fund balance at beginning of year 22. \_\_\_\_\_
- 23. Net assets or fund balance at end of year (add lines 21 & 22) 23. \_\_\_\_\_

<b>BALANCE SHEET:</b>	(A) Beginning of Year	(B) End of Year
Cash, savings and investments		
Land and building		
Other assets (describe on separate sheet)		
<b>Total assets</b>		
<b>Total liabilities (describe on separate sheet)</b>		
<b>Total assets or fund balance</b>	(From Line 21)	(From Line 22)

Charitable organizations or sponsors that receive at least \$500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than \$1 million, then the financial statement must be audited by an independent certified public accountant. The certification below should be completed by the independent certified public accountant responsible for either reviewing or auditing the above financial statement.  
[s. 496.407(1)(b), F.S.]

I certify that I am a CPA authorized to complete this Financial Statement.

\_\_\_\_\_  
Signature Printed Name Date

(\_\_\_\_) \_\_\_\_\_  
Telephone Number Email Address

**SUPPLEMENTAL CONSOLIDATED FINANCIAL STATEMENT**

Parent Organization Name \_\_\_\_\_ CH # \_\_\_\_\_

This form is required and may be reproduced to accommodate all affiliate locations. Additional pages may be attached if additional space is needed using the same format

**1. Name:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 ( ) - \_\_\_\_\_

Total contributions received in the name of Chapter, Branch or Affiliate \$ \_\_\_\_\_  
 Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate \$ \_\_\_\_\_  
 Total payments to Chapter, Branch or Affiliate \$ \_\_\_\_\_

**2. Name:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 ( ) - \_\_\_\_\_

Total contributions received in the name of Chapter, Branch or Affiliate \$ \_\_\_\_\_  
 Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate \$ \_\_\_\_\_  
 Total payments to Chapter, Branch or Affiliate \$ \_\_\_\_\_

**3. Name:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 ( ) - \_\_\_\_\_

Total contributions received in the name of Chapter, Branch or Affiliate \$ \_\_\_\_\_  
 Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate \$ \_\_\_\_\_  
 Total payments to Chapter, Branch or Affiliate \$ \_\_\_\_\_

**ATTACHMENT A-1  
List of Professional Solicitors**

Please list professional solicitor(s) soliciting on your behalf in Florida:

- 1. Name: None  
 Street Address: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Registration Number: \_\_\_\_\_ Contract Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_
- 2. Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Registration Number: \_\_\_\_\_ Contract Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**ATTACHMENT A-2  
List of Professional Fundraising Consultants**

Please list professional consultant(s) acting on your behalf in Florida:

- 1. Name: None  
 Street Address: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Registration Number: \_\_\_\_\_ Contract Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_
- 2. Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Registration Number: \_\_\_\_\_ Contract Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**ATTACHMENT B  
Officers, Directors, Trustees, and Principal Executive Personnel**

Please list officers, directors, trustees, and principal executive personnel:

**Exemptions from public records apply to certain personal information about current or former law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers and guardians ad litem and their families. For a complete list of exemptions, see Section 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your home address and phone number below.**

1. Last Name, First Name: COTNER, BETH Title: President  
 Street Address: 5155 KESTRAL PARK LN Phone Number: 941-349-3687  
 City, State, and Zip: SARASOTA, FL 34231-3239 Compensated (Y/N): N  
**Criminal History:**  Yes  No  
**Exempt from public records [s. 119.071(4), F.S.]**  Yes  No
  
2. Last Name, First Name: DEUTSCH, ROBERT Title: Vice President  
 Street Address: 3125 RINGWOOD MDW Phone Number: 941-244-0661  
 City, State, and Zip: SARASOTA, FL 34235-6913 Compensated (Y/N): N  
**Criminal History:**  Yes  No  
**Exempt from public records [s. 119.071(4), F.S.]**  Yes  No
  
3. Last Name, First Name: GERMAIN, ROBERT Title: Secretary  
 Street Address: 4326 NATALE DR Phone Number: 941-492-5327  
 City, State, and Zip: VENICE, FL 34293-7083 Compensated (Y/N): N  
**Criminal History:**  Yes  No  
**Exempt from public records [s. 119.071(4), F.S.]**  Yes  No
  
4. Last Name, First Name: GREENWALD, MARSHALL Title: Treasurer  
 Street Address: 5220 SAND LAKE CT Phone Number: 847-476-9502  
 City, State, and Zip: SARASOTA, FL 34238-4005 Compensated (Y/N): N  
**Criminal History:**  Yes  No  
**Exempt from public records [s. 119.071(4), F.S.]**  Yes  No
  
5. Last Name, First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Compensated (Y/N): \_\_\_\_\_  
**Criminal History:**  Yes  No  
**Exempt from public records [s. 119.071(4), F.S.]**  Yes  No
  
6. Last Name, First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Compensated (Y/N): \_\_\_\_\_  
**Criminal History:**  Yes  No  
**Exempt from public records [s. 119.071(4), F.S.]**  Yes  No
  
7. Last Name, First Name: \_\_\_\_\_ Title: \_\_\_\_\_

7. Last Name, First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Compensated (Y/N): \_\_\_\_\_  
 Criminal History:  Yes  No  
 Exempt from public records [s. 119.071(4), F.S.]  Yes  No

**ATTACHMENT C**  
**Florida Chapters, Branches or Affiliates**

Please list Florida chapters, branches, or affiliates included in this registration:

1. Name: None  
Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**DISCLOSURE REQUIREMENTS**

This notice serves as a reminder that the Solicitation of Contributions Act requires registered charities to conspicuously display their registration number and the disclosure statement below on every solicitation, confirmation, receipt, or reminder of a contribution, including websites. s. 496.411, F.S.

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

The disclosure statement must include a toll-free number and website for the Division of Consumer Services which can be used to obtain the registration information.

1-800-HELP-FLA (435-7352)  
www.FloridaConsumerHelp.com

If the solicitation occurs on a website, the statement must be conspicuously displayed on any webpage that identifies a mailing address where contributions are to be sent, identifies a telephone number to call to process contributions, or provides for online processing of contributions. If you have any concerns about where the registration number should be placed on your website, please call us at the number below.

**MAILING ADDRESS**

Please note that mail drops, physical addresses of UPS stores or other third party mail recipients are not considered principal addresses for a charity. A physical address of the charitable organization is required. Adherence to this requirement will reduce the number of deficiency letters and expedite the processing of applications.

\*\*\*\*\*

We appreciate your cooperation. If you have any questions or require assistance, please contact us at 800-435-7352 or via email at [charities@FDACS.gov](mailto:charities@FDACS.gov). Failure to comply with these requirements could result in penalties up to \$5,000.

DISCLOSURE REQUIREMENTS

This notice serves as a reminder that the Solicitation of Contributions Act requires registered charities to conspicuously display their registration number and the disclosure statement below on every solicitation, contribution receipt, or reminder of a contribution, including websites. § 396.411, F.S.

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

The disclosure statement must include a toll-free number and website for the Division of Consumer Services which can be used to obtain the registration information.

1-800-HELP-FLA (432-7332)  
www.FloridaConsumerHelp.com

If the solicitation occurs on a website, the statement must be conspicuously displayed on any webpage that identifies a mailing address where contributions are to be sent, identifies a telephone number to call to process contributions, or provides for online processing of contributions. If you have any concerns about where the registration number should be placed on your website, please call us at the number below.

MAILING ADDRESS

Please note that mail drops, physical addresses of UPS stores, or other third party mail recipients are not considered principal addresses for a charity. A physical address of the charitable organization is required. Advance to this requirement will reduce the number of delivery letters and expedite the processing of applications.

We appreciate your cooperation. If you have any questions or require assistance, please contact us at 800-432-7332 or via email at [charities@FDACS.gov](mailto:charities@FDACS.gov). Failure to comply with these requirements could result in penalties up to \$2,000.

# CONFLICT OF INTEREST CERTIFICATION

KJ 2876007

This will certify that Sarasota Institute of Lifetime Learning has adopted a policy regarding conflict of interest transactions. The policy has been read and is understood by all of the directors, officers and trustees of the organization.

NAME

SIGNATURE

Marshall Greenwald

Marshall Greenwald

