

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



**WILTON SIMPSON**  
**COMMISSIONER**

**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*

*Make check or money order  
payable and remit  
application to:*

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700

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

**Application Information**

**License Number:** CH54047  
**Document Tracking Number:** 4027067 **Application Date:** 01/30/2025 09:10:19 AM

**Business Information**

**Legal Name:** THE FLEMING ISLAND THEATER INCORPORATED  
**Business Phone:** 904-254-1455  
**Business Address:** 1860 TOWN HALL CIR STE 54  
FLEMING ISLAND Florida 32003-4332  
**Mailing Address:** 122 MELODY LN  
FLORAHOME Florida 32140-2025  
**Email Address:** theislandtheater@gmail.com  
**Website Address:** www.theislandtheater.com  
**Fictitious Names\*\*** THE ISLAND THEATER

\*\*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:** 82-3273907  
**Established In:** Florida **Legally Established:** 10/26/2017

**Business Details**

**Month/Day fiscal year ends:** 12/31

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

**Purpose of the Organization:**

Theater Education and Community Cultural Awareness and Outreach

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

Contributions will be used to support the mission of theater education, community cultural awareness and outreach.

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**Major Program activities:**

Theater education classes Productions involving volunteer actors, crew and volunteers

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**License History**

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**Is this charitable organization/sponsor authorized by any other state to solicit contributions?[s. 496.405(2)(d)1, F.S.]** No

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**Has the charitable organization/sponsor entered into an assurance of voluntary compliance(AVC) or agreement similiar to that set forth in s.496.420, F.S., in any jurisdiction?[s. 496.405(2)(d)4, F.S.]** No

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**Has the charitable organization/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 within the last 10 years? [s. 496.405(2)(d)5, F.S.]** No

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**Has the charitable organization/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 crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulted from acts committed while involved in the solicitation of contributions within the last 10 years? [s. 496.405(2)(d)6, F.S.]** No

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**Has the charitable organization/sponsor or any of its officers, directors, trustees, or principal salaried 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 or been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)7, F.S.]** No

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**Has the charitable organization/sponsor had its registration or authority denied,suspended,or revoked by any governmental agency? [s. 496.405(2)(d)3, F.S.]** No

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**Conflict of Interest**

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**Have all directors, officers and trustees read and complied with the conflict of interest statement for the organization?** Yes

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**Owner/Management Information**

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**Name:** PATRICIA WILLIAMS

**Title:** Authorized Agent  
In Charge of Distribution  
In Charge of Solicitation  
President  
**Phone:** 904-254-1455  
**Address:** 122 Melody Lane  
Florahome Florida 32140

#### 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**
4. 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:** CHERA BLEAU  
**Title:** Vice President  
**Phone:** 904-254-1455  
**Address:** 122 Melody Lane  
Florahome Florida 32140

#### 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**

**Name:** JILL AMBURGEY

**Title:** Officer  
**Phone:** 904-254-1455  
**Address:** 122 Melody Lane  
Florahome Florida 32140

#### Additional Information

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] *No*
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5. Has this person been enjoined from violating any law relating to a charitable solicitation? *No*

**Name:** CHRISTIE ROUTEL  
**Title:** Officer  
**Phone:** 904-254-1455  
**Address:** 122 Melody Lane  
Florahome Florida 32140

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**Name:** ALLYN BESSEE  
**Title:**  
**Phone:** 904-254-1455

**Address:**

- Removed

**Name:** DON MASSENZIO**Title:****Phone:** 904-254-1455**Address:**

- Removed

**Name:** ABBY POLLI**Title:****Phone:** 904-254-1455**Address:****Name:** CHARISH DELEE**Title:** Officer**Phone:** 904-254-1455**Address:** 122 Melody Lane  
Florahome Florida 32140**Additional Information**

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] *No*
2. Is this person compensated? *No*
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5. Has this person been enjoined from violating any law relating to a charitable solicitation? *No*

- Removed

**Name:** LEAH FLYNN**Title:****Phone:** 904-254-1455**Address:**

- Removed

**Name:** CHLOE AUSTIN**Title:**

**Phone:** 904-254-1455

**Address:**

**Name:** Kathryn Allen

**Title:** Secretary

**Phone:** 904-254-1455

**Address:** 122 Melody Lane  
Florahome Florida 32140

#### Additional Information

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

**Name:** Holly Husovic

**Title:** Officer

**Phone:** 904-254-1455

**Address:** 122 Melody Lane  
Florahome Florida 32140

#### Additional Information

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

**Name:** Missi Prosser  
**Title:** Officer  
**Phone:** 904-254-1455  
**Address:** 122 Melody Lane  
Florahome Florida 32140

#### Additional Information

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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*

**Name:** Jake Askey  
**Title:** Officer  
**Phone:** 904-254-1455  
**Address:** 122 Melody Lane  
Florahome Florida 32140

#### Additional Information

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

**Name:** Chandler Spivey

**Title:** Officer  
**Phone:** 904-254-1455  
**Address:** 122 Melody Lane  
Florahome Florida 32140

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

#### Branch offices, Chapters or Affiliates

**Other Locations:** Not Applicable

#### Professional Solicitors

**Other Locations:** Not Applicable

#### Fundraising Consultants

**Other Locations:** Not Applicable

#### Commercial Co-venturers

**Other Locations:** Not Applicable

#### Financial Statement

**Fiscal year ending:** 12/31/2024

**Financial statement source:** 990 w/all attached Schedules

Total Revenue: \$286,750

Total Expense: \$280,991

Program Service Expense: \$280,991

Management & General  
Expense: \$0

Fundraising Expense: \$0



## Attached Documents

1. **Name:** TZO99020240289874638736896465971915.pdf

**Type:** Financial Information

**Desc:** 2024 990

## Supporting Documents(List of Sources and Amounts)

### Application Questionnaire

**Did the charitable organization or sponsor receive \$50,000 or more in total revenue during the immediately preceding fiscal year?** Yes

**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

### Registration application Type

**Registration Application Type:** Charitable

**Contributions received in the immediately preceding fiscal year:** \$44,883

**Registration Fee:** \$75

### Preparer Information

**First Name:** Patricia  
**Last Name:** Williams  
**Company Name:** The Fleming Island Theater Incorporated  
**Title:** Managing Dirextor  
**Phone Number:** 904-254-1455  
**Email Address:** theislandtheater@gmail.com

### Signature Information

\* ☒ I declare under penalty of perjury that all of the information provided in this application and in any exhibits attached hereto, is true and correct.

and further state as follows:

\* ☒ The information furnished in this application and all supplemental forms, reports, documents and attachments are true and correct to the best of my knowledge. [s. 496.405(2) F.S.]

**Signature Name:** Patricia Williams

**Signature Date:** 1/30/2025