#### Tennessee Secretary of State Tre Hargett



Division of Business and Charitable Organizations 312 Rosa L. Parks Avenue, 6th Floor Nashville, Tennessee 37243-1102

August 02, 2023

MICHELLE DENISE LAMPKIN 207 WILLIAM TERRY DRIVE SMYRNA, TN 37167 USA

**RE:** Registration to Solicit Funds for Charitable Purposes Organization Name: TENNESSEE AQUATIC PROJECT AND DEVELOPMENT GROUP, INC. (TAP) CO Number: CO6443 Renewal Date: 06/30/2024

Dear MICHELLE DENISE LAMPKIN :

Pursuant to the Tennessee Charitable Solicitations Act, T.C.A. § 48-101-501,*et seq*. the Tennessee Secretary of State has reviewed your application and is pleased to announce your organization's registration to solicit contributions has been **approved**.

The organization must maintain statutory compliance by submitting a renewal application and required fees on an annual basis. At that time you may be required to submit tax filings, financial statements, proof of IRS status, and other documents related to your organization and its fundraising activities. You can find additional information and submit additional filings online at <u>https://sos.tn.gov/charities</u>. The "CO" Number listed above will serve as your organization number and should be used when submitting any charitable filings or correspondence.

Please also be advised that if the organization's application or other provided information includes false, misleading or deceptive statements, appropriate action will be taken. Pursuant to the Tennessee Charitable Solicitations Act, a civil penalty of up to five thousand dollars (\$5,000.00) may be assessed for any violation.

Thank you for registering your organization and please do not hesitate to contact us with any questions.

Sincerely,

Tre Hargett Secretary of State

#### Tracking Number 2023123667 Application to Renew Registration of a Charitable Organization



Tre Hargett Secretary of State

🗆 Yes 🛛 🗹 No

# **Organization Information**

Legal Name of the Charitable Organization: TENNESSEE AQUATIC PROJECT AND DEVELOPMENT GROUP, INC. (TAP) Legal entity type of the Organization: Corporation FEIN: 01-0572107 Initial Registration Date: 04/28/2004 Renewal Date: 06/30/2023 Has your fiscal year ending month changed since your last renewal? 🗆 Yes 🛛 No Fiscal Year Ending Month: December When and where was the organization legally established Date: 12/01/2001 Country: USA City/State: NASHVILLE, TN County: Davidson Has your Principal Office address changed since your last renewal? 🗆 Yes 🗹 No Principal Office Address 207 WILLIAM TERRY DRIVE USA, SMYRNA, TN 37167 Has your Mailing address changed since your last renewal? 🗆 Yes 🗹 No Mailing Office Address 207 WILLIAM TERRY DRIVE USA, SMYRNA, TN 37167 **Contact Information for the Charitable Organization** Contact Name: MICHELLE DENISE LAMPKIN Telephone Number: (615) 243-4133 Email: mdlampkin0315@comcast.net Website: kenkye62@gmail.com Current names used by the charity organization Do you need to modify other names that the charity solicits under? 🗆 Yes 🛛 No Has the organization registered in any other state(s)? 🗆 Yes 🗹 No Does the charity have other offices, chapters, branches, affiliates or a parent?

**Division of Business and Charitable Organizations Department of State** State of Tennessee 312 Rosa L. Parks Avenue. 6th Floor

Nashville, Tennessee 37243

Phone: 615-741-2555

Fax: 615-253-5173

sos.tn.gov/charities

CO Number: CO6443

Filed: 08/01/2023 10:58 AM

Tre Hargett

Secretary of State

#### The category that best describes your organization

W - Public Affairs, Society Benefit

#### The charitable purpose of the organization

Solicit donations and operating revenue utilize in aquatic training swimming and scuba diving for youth ages 8 to 18.

Tax & Financial Information		
Has your tax exempt status changed since your last renewal?		
Last Fiscal Year Start: January 2022	Last Fiscal Year End: De	cember 2022
Type of 990 Tax Form Filed: 990-N (ePostcard)		
Gross Revenue		
Direct and Indirect Public Contributions	\$ 20,000.00	
Government Grants	\$ 0.00	
Special Events and Activities	\$ 2,870.00	
Membership Dues	\$ 1,215.00	
Other Revenue	\$ 0.00	
Total Revenue	\$ 24,085.00	
Expenses		
Total Program Expenses	\$ 7,143.00	
Management and General Expenses	\$ 2,898.00	
Fundraising Expenses	\$ 0.00	
Other Expenses	\$ 1,000.00	
Total Expenses	\$ 11,041.00	
Excess/Deficit For the Year (Total Revenue - Total Expenses)	\$ 13,044.00	

## **Solicitation Information**

Have you been enjoined by any court from soliciting contributions?

🗆 Yes 🛛 No

Does your organization contract with or otherwise engage the services of any outside fundraising professional (such as a "professional fund-raiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer")?

🗆 Yes 🛛 No

# **Officer Information**

Do you need to modify the current officers? ☑ Yes □ No List each officer, director, and trustee (at least 2 officers are required, and you must list officers who have or share the following titles: "Chief Financial Officer", "Custodian of Contributions", "Custodian of Final Distributions")

Kenneth Stewart 1309 Jackson Street Nashville, TN 37208, USA Title(s): Board Member, Custodian of Final Distributions, Director, President

Leslie Speller-Henderson 1513 22nd Avenue Nashville, TN 37208, USA Title(s): Custodian of Final Distributions

Michelle Lampkin 1138 Shortleaf Avenue Smyrna, TN 37167, USA Title(s): Custodian of Contributions, Custodian of Final Distributions, Treasurer

# Has any officer, director, manager, operator, or principal of the organization been the subject of an injunction, judgement, or administrative order or been convicted of a felony?

🗆 Yes 🛛 🗹 No

### Signature

I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

I (Chief Fiscal Officer, Treasurer, or Officer) certify, under penalty of perjury, that the above information is true and correct.

Signed Electronically: Kenneth Byron Stewart Title: Chairman

I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

I (Chief Fiscal Officer, Treasurer, or Officer) certify, under penalty of perjury, that the above information is true and correct.

Signed Electronically: Michelle Denise Lampkin Title: Treasurer

Date: 08/01/2023

Date: 08/01/2023