Tennessee Secretary of State Tre Hargett



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

June 23, 2023

Ms. ELLA CLAY 1813 KNOWLES STREET NASHVILLE, TN 37208

RE: Registration to Solicit Funds for Charitable Purposes Organization Name: HEALING MINDS AND SOULS

CO Number: CO43767 Renewal Date: 06/30/2024

Dear Ms. ELLA CLAY:

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 https://sos.tn.gov/charities. The "CO" Number listed above will serve as your organization's charitable registration 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 2023117774

Application to Renew Registration of a Charitable Organization



Tre Hargett
Secretary of State

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: CO43767 Filed: 06/21/2023 11:19 AM Tre Hargett Secretary of State

Organization	Information		
-	Charitable Organization: HE	ALING MINDS AND SOULS	
			FEIN: 87-4151228
Initial Registration Date: 07/19/2022			Renewal Date: 06/30/2023
Has your fiscal year ☐ Yes ☑ No	ending month changed sir	nce your last renewal?	
Fiscal Year Ending I	Month: December		
When and where wa	as the organization legally e	established	
Date: 01/01/2021	Country: USA	City/State: NASHVILLE, TN	County: Davidson
Has your Principal C □ Yes ☑ No	Office address changed sinc	ce your last renewal?	
Principal Office A 1813 KNOWLES S USA, NASHVILLE	STREET		
Has your Mailing add	dress changed since your l	ast renewal?	
Mailing Office Add 1813 KNOWLES S USA, NASHVILLE	STREET		
Contact Information	for the Charitable Organiza	ation	
Contact Name: Ms.	ELLA CLAY		
Telephone Number:	(615) 491-4101		
Email: eclay.hms@g	mail.com	Website: www.my-healing-center.com	
Current names used	d by the charity organization	n	
Do you need to mod ☐ Yes ☑ No	lify other names that the cha	arity solicits under?	
Has the organization ☐ Yes ☑ No	n registered in any other sta	ate(s)?	
Does the charity hav	ve other offices, chapters, b	ranches, affiliates or a parent?	

The category that best describes your organization

S - Community Improvement, Capacity Building

The charitable purpose of the organization

This spiritual vision and purpose include community involvement, healing and restoration of our families.) Our mission: "Bringing trauma-informed care to the community through resources, education, community garden and meals by building relationships to develop healthy and holistic communities.

as your tax exempt status changed since your last renew	al?	
☐ Yes ☑ No ast Fiscal Year Start: January 2022	Last Fiscal Year End	d: December 202
astrissarisarisaris variatry 2022	Edst isodi iodi Ene	a. December 202
ype of 990 Tax Form Filed: 990-N (ePostcard)		
Gross Revenue		
Direct and Indirect Public Contributions	\$ 74,000.00	
Government Grants	\$ 0.00	
Special Events and Activities	\$ 10,000.00	
Membership Dues	\$ 0.00	
Other Revenue	\$ 0.00	
Total Revenue	\$ 84,000.00	
<u>xpenses</u>		
Total Program Expenses	\$ 84,000.00	
Management and General Expenses	\$ 75,392.00	
Fundraising Expenses	\$ 12,320.00	
Other Expenses	\$ 4,000.00	
Total Expenses	\$ 175,712.00	
Excess/Deficit For the Year (Total Revenue - Total Expenses)	(\$ 91,712.00)	
(Total Testino Testino)		
Solicitation Information		
ave you been enjoined by any court from soliciting contril ☐ Yes ✓ No	outions?	
oes your organization contract with or otherwise engage professional fund-raiser," "paid solicitor," "fund raising co ☐ Yes ☑ No		ional (such as a
Officer Information		

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")

Ardana Foxx 1813 Knowles Street Nashville, TN 37207, USA Title(s): Secretary

Ella Clay
1813 Knowles St
Nashville, TN 37208, USA
Title(s): Chief Executive Officer, Custodian of Final Distributions, Director

Lonnie Jennings 1813 Knowles St Nashville , TN 37208, USA Title(s): Board Member

Rachelle Darvin 1813 Knowles St Nashville, TN 37208, USA Title(s): Vice President, Custodian of Contributions

Shawna Clay Forrest 1813 Knowles Street Nashville, TN 37208, USA Title(s): Custodian of Contributions, President

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: Shawna Clay

Date: 06/13/2023

Title: President

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: Ella Clay

Date: 06/13/2023

Title: Chief Executive Officer



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

Date: 06/21/2023 **Invoice:** 2023-04967

Customer Information

Ms. ELLA CLAY HEALING MINDS AND SOULS 1813 KNOWLES STREET NASHVILLE, 37208

Tracking Number	Description		Amount Paid
2023117774	CH Charitable Renewal		\$ 10.00
Payment Details			
		Fee Total:	\$ 10.00
		Payment Total:	\$ 10.00
		Amount Due:	\$ 0.00
Payment Method			
Payment Type:	Credit Card		
Check/Confirma	ation Number: 3853315311		