



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

SOLICITATION OF CONTRIBUTIONS  
ANNUAL FINANCIAL REPORTING FORM

Chapter 496, Florida Statutes  
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800

Remit completed form to:

charities@FDACS.gov

or

FDACS  
Solicitation of Contributions  
2005 Apalachee Pkwy.  
Tallahassee, FL 32399-6500

Shadows of Strength

Organization Name

CH# 75408

(Registration #)

DTN 4083780

(as listed on the preprinted  
renewal application)

1411 Nautilus Drive

Organization Physical Address

Navarre

City

FL

State

32566

Zip

FISCAL YEAR ENDING 12 /31 / 2024

Yes  No Is this a proposed budget? (newly formed organizations only)

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

REVENUE

|  |                      |
|--|----------------------|
| 1. Federated campaigns:                                      | 1. _____             |
| 2. All Fundraising events:                                   | 2. _____             |
| 3. Related Organizations:                                    | 3. _____             |
| 4. Government Grants:  | 4. _____             |
| 5. All other contributions, gifts, grants & similar amounts: | 5. <u>905.47</u>     |
| 6. In-kind contributions (non- cash contributions):          | 6. <u>14,668.40</u>  |
| 7. Program service revenue:                                  | 7. _____             |
| 8. Income from gaming activities:                            | 8. _____             |
| 9. Sales of inventory revenue:                               | 9. _____             |
| 10. Misc./Other revenue                                      | 10. <u>1,466.11</u>  |
| 11. Membership Dues and assessments                          | 11. _____            |
| 12. TOTAL REVENUE  | 12. <u>17,039.98</u> |

EXPENSES

|  |                     |
|--|---------------------|
| 1. Program services (including payments to affiliates) | 1. <u>7,109.66</u>  |
| 2. Management and general                              | 2. <u>9,823.77</u>  |
| 3. Fundraising   | 3. _____            |
| 4. TOTAL EXPENSES (add lines 1 through 3)              | 4. <u>16,933.43</u> |

Statement of Functional Expenses for Shadows of Strength  
 (Organization Name)

CH 75408  
 (Renewals Only)

| ITEMS  | (A) Program Services | (B) Management & General | (C) Fundraising | TOTAL for A, B, C      |
|--|----------------------|--------------------------|-----------------|------------------------|
| Grants & allocations<br>(cash _____)<br>Non cash _____)<br>Attach schedule |                      |                          |                 |                        |
| Assistance to individuals  | 2,109.66             |                          |                 | 2,109.66               |
| 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   |                      | 661.46                   |                 | 661.46                 |
| Legal fees   |                      |                          |                 |                        |
| Lobbying   |                      |                          |                 |                        |
| Office supplies  |                      |                          |                 |                        |
| Telephone  |                      |                          |                 |                        |
| Postage & shipping   |                      |                          |                 |                        |
| Equipment rental   |                      |                          |                 |                        |
| Occupancy  |                      |                          |                 |                        |
| Printing   |                      |                          |                 |                        |
| Travel   |                      |                          |                 |                        |
| Conferences & meetings   |                      |                          |                 |                        |
| Interest   |                      |                          |                 |                        |
| Insurance  |                      |                          |                 |                        |
| Advertising & promotions   |                      |                          |                 |                        |
| Information technology   | 5,000                | 162.31                   |                 | 5,162.31               |
| Royalties  |                      |                          |                 |                        |
| Payments to affiliates   |                      |                          |                 |                        |
| Depreciation, depletion & amortization                                     |                      |                          |                 |                        |
| Other (List Item)  |                      |                          |                 |                        |
| Other (List Item)  |                      |                          |                 |                        |
| Other (List Item)  |                      |                          |                 |                        |
| <b>TOTAL EXPENSES</b>  | <b>(A) 7,109.66</b>  | <b>(B) 9,823.77</b>      | <b>(C)</b>      | <b>TOTAL 16,933.43</b> |

| <b>BALANCE SHEET:</b>            | (A) BEGINNING OF YEAR | (B) END OF YEAR |
|----------------------------------|-----------------------|-----------------|
| CASH, SAVINGS AND INVESTMENTS    | 1,466.11              | 106.55          |
| TOTAL ASSETS                     | 0                     | 0               |
| EXCESS (OR DEFICIT) FOR THE YEAR |                       | 106.55          |

**SUPPLEMENTAL CONSOLIDATED FINANCIAL STATEMENT**

You must submit financial statements for the parent organization and **each** chapter, branch, or affiliate listed in question 4 on the Registration Application. However, *if* all contributions received by the chapters, branches, or affiliates are remitted directly into a depository account which feeds directly into the parent organization's centralized accounting system from which all disbursements are made, the parent organization may submit one consolidated financial statement and IRS form 990 with all attachments, or form 990-EZ and Schedule O, for the parent organization and each chapter, branch, or affiliate that is required to file such forms. If submitting one consolidated financial statement, financial information for all branches should be combined into the amounts requested below. Please note: this form is required and may be reproduced to accommodate all affiliate locations. Additional pages using the same format may be attached if more space is needed.

Chapter, Branch, or Affiliate Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

If a professional fundraising consultant, professional solicitor, or commercial co-venturer was utilized during any portion of this reporting period, please provide the following information for each contract entered:

Professional Fundraising Consultant       Professional Solicitor       Commercial Co-Venturer

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

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Amount Received following the campaign, fundraiser, promotion or event: \$ \_\_\_\_\_

PLEASE NOTE: Financial statements from organizations that receive at least \$500,000 but less than \$1 million in annual contributions must be audited or reviewed by an independent certified public accountant. Financial statements from organizations that receive \$1 million or more in annual contributions must be audited by an independent certified public accountant. If this applies to your organization, you must submit the review or audit with this document.

I am authorized to complete this financial reporting form.

*Brandi Mitchell*

Signature

Brandi Mitchell

Title

850-686-4303

Telephone Number

Brandi Mitchell

Printed Name

6.22.25

Date

info@shadowsofstrength.org

Email Address