



Waste Management Community Benefits Request for Donations

The City of Riviera Beach, in conjunction with Waste Management Inc. of Florida, has established a Community Benefits Policy, as amended in November 2011. Under the Policy each elected official shall be entitled to designate up to \$15,000 per year (\$7,500 on October 1st and \$7,500 on April 1st) for public purposes. Public purposes include, but are not limited to, charitable events, not-for-profit organizational events or programs and City functions or projects (which may include contributions to the City's Scholarship Fund or the City's Housing Trust Fund). All requests for donations must be presented to the City Council and approved by a majority of the City Council. The City will attempt to process all requests within fourteen (14) days of City Council approval.

Ineligible uses include the purchase of tables at events, campaign contributions, or payment for salaries or operational expenses. Funds cannot be used to cover an elected official's travel, meals, or for his or her personal benefit or gain or for the personal gain of relatives as defined by City Code, the Palm Beach County Code of Ethics, or state statutes, as applicable. Funds cannot be given to an entity/agency/organization for which the elected official is a director or officer.

Name of Elected Official Sponsoring Donation: Kashamba Miller-Anderson

Legal Name of Organization: Heart, Health^{Health}, & Healing, ministries

Program/ Activity Name: It's All About ME Requested Amount: \$ 500.00

Briefly describe the Program/Activity below **and** attach (1) a letter of request or a more detailed description of the Program/Activity; (2) non-profit status paperwork and (3) w-9 IRS form:

Mailing Address: 3600 Broadway

City: West Palm Beach State: FL Zip: 33407

Contact Person(s): Caroline Hill OR Linda Warren

Phone: (561) 255-7711 OR (561) 779-6734 Fax: (561) 766-1770

Email Address: triple.hministries7@gmail.com

Name of Authorized Official: Caroline Hill

Signature of Authorized Official: Caroline Hill Date: 7/3/18

***Return the form to the Elected Official or the Legislative Office for processing.

**Waste Management Community Benefits Request for
Donations Approval by Elected Official**

I, Kashamba Miller-Anderson, hereby certify that the donation to Heart, Health, & Healing complies with the City's Community Benefits Policy. I further certify that: (1) I am not an officer, director, partner, proprietor, employee, subcontractor or agent of the organization, its parent organization or subsidiary and I do not have any contractual relationship with or other obligation with to the organization its parent organization or subsidiary; (2) I have no relatives or business associates (as those terms are defined in section 112.312, Florida Statutes) who are officers, directors, partners, proprietors, employees, subcontractors or agents of the organization, its parent organization or subsidiary; (3) The disbursement of the foregoing amount will not inure to my special gain or loss or to the special gain or loss of my relatives or my business associates; and (4) I am not aware of any conflict of interest the disbursement of the foregoing amount to the organization will create for the City of Riviera Beach or myself.

Signature of Elected Official: [Signature] Date: 7/16/18

Amount Approved by Elected Official: \$ 500.00

City Council Action

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
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Chairperson's Signature: _____

Date: _____



Triple -H- Community Center, Inc.
3600 Broadway
West Palm Beach, FL 33407
Phone: 561-766-1769

June 20, 2018

RE: IT's All About Me
Health Fair: Fashion Show Event

Dear Community Partners:

Heart, Health & Healing (Triple "H") Community Center is collaborating with Florida Health- Palm Beach County to host a "IT's All About Me" Health Fair: Fashion Show event which is scheduled for Friday, August 10, 2018 at the Riviera Beach Marina Event Center, 190 East 13th Street, Riviera Beach, Florida 33404; 5:00pm – 10:00pm.

The event theme will be "Dress for Success-Stepping Up to A Healthy Lifestyle." Our goals are to promote Health and Wellness awareness, in a fun and entertaining way, and to empower women and men to achieve economic independence by providing a network of support/resources. In addition, we hope to have over 250 community residents participating; creating a perfect atmosphere to promote good personal and mental health habits, to present the necessary tools that will help them thrive in life and work environment, and to introduce a profession and personal attire outlook.

Please Note: We are proud to be the organizers of this community event and hope that you will be able to accept our invitation to join us in this effort. For additional information, please refer to the attached Save-The-Date document. Also, to address any questions or concerns, you may contact us at 561-255-7711 or 561-779-6734.

We appreciate you for sharing and donating your time, ticket donation, monetary sponsorship, and resources to work toward ensuring that the event will be a fun filled day for the community. For your convenience, registration and level of sponsorship forms are attached.

Sincerely,

Caroline Hill

Caroline Hill
Triple -H- Center Director
Lead Event Coordinator

SAVE-THE-DATE

**IT'S ALL ABOUT
MIE**



Health Fair: Fashion Show Event

Riviera Beach Marina Event Center

190 East 13th Street

Riviera Beach, FL 33404

Friday, August 10, 2018

5:00PM-10:00PM

Theme: Dress for Success.....
Stepping Up to A Healthy Lifestyle

FEATURING:

- \$25 Ticket Donation- A Professional Fashion Show
- Live Entertainment-Door Prize Drawings-Motivational Guest Speakers
- Free HIV Testing-Health & Wellness Booths-Catered Dinner Meal
- Grand Prize**-Your Choice of Venue to Ticket Numbers 001 - 050 will Earn a Chance at a \$250 Shopping Spree

For more information, ticket donation, agencies/businesses registration, and sponsorship opportunities, please contact Caroline Hill at (561) 255-7711 or triplehministries7@gmail.com.

Triple H Ministries is a non-profit religious organization dedicated to serving the community.

Donations are used to offset expenses for this event and are not tax deductible





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Not For Profit Corporation
HEART, HEALTH & HEALING MINISTRIES, INC.

Filing Information

Document Number	N11000011258
FEI/EIN Number	45-3944718
Date Filed	12/05/2011
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	04/13/2012
Event Effective Date	NONE

Principal Address

1330 WEST 1ST STREET
3600 Broadway
RIVIERA BEACH, FL 33404

Changed: 03/02/2018

Mailing Address

P.O. BOX 8276
WEST PALM BEACH, FL 33407

Changed: 04/13/2012

Registered Agent Name & Address

HILL, CAROLINE
3600 Broadway
West Palm Beach, FL 33407

Address Changed: 04/23/2013

Officer/Director Detail

Name & Address

Title Chairman

williams, Tommy
212 Chatman K
WEST PALM BEACH, FL 33417

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 02, 2018
Secretary of State
CC0990696581**

DOCUMENT# N11000011258

Entity Name: HEART, HEALTH & HEALING MINISTRIES, INC.

Current Principal Place of Business:

1330 WEST 1ST STREET
3600 BROADWAY
RIVIERA BEACH, FL 33404

Current Mailing Address:

P.O. BOX 8276
WEST PALM BEACH, FL 33407

FEI Number: 45-3944718

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILL, CAROLINE
3600 BROADWAY
WEST PALM BEACH, FL 33407 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name WILLIAMS, TOMMY
Address 212 CHATMAN K
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name COOLEY, SHAKEELA
Address 718 EXECUTIVE CENTER DRIVE
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name FRANKS, TARA
Address 451 CHEERFUL STREET APT 202
City-State-Zip: WEST PALM BEACH FL 33407

Title TREASURER
Name WILLIAMS, CORRNELL
Address 1008 PALM BEACH LAKES BLVD.
City-State-Zip: WEST PALM BEACH FL 33401

Title VC
Name REED, CYNTHIA
Address 990 WOODBINE WAY #901
City-State-Zip: WEST PALM BEACH FL 33418

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHAKEELA COOLEY

DIRECTOR

03/02/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the
 requester. Do not
 send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Heart, Health & Healing Ministries, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check **only one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
3600 Broadway

6 City, state, and ZIP code
West Palm Beach, FL 33407

7 List account number(s) here (optional)

Requester's name and address (optional)
Caroline Hill
1330 W 1st Street
Riviera Beach

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

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or

Employer identification number

45	-	3994	718
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Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person: Caroline Hill Date: 7/3/18

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.