

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**



**WILTON SIMPSON  
COMMISSIONER**

**SMALL 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*

NO FEE  
REQUIRED

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

**Application Information**

**Document Tracking Number:** 4257005      **Application Date:** 05/01/2026 09:44:09 PM

**Business Information**

**Legal Name:** Community Advancement Resource Enrichment, Inc. (iCare)  
**Business Phone:** 407-946-0830  
**Business Address:** 1032 E Brandon Blvd #6775  
Brandon Florida 33511  
**Mailing Address:** 1032 E Brandon Blvd #6775  
Brandon Florida 33511  
**Email Address:** [contact@icaregives.org](mailto:contact@icaregives.org)  
**Website Address:** [icaregives.org](http://icaregives.org)  
**Fictitious Names\*\*** Not Applicable

\*\*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:** 92-3071148  
**Established In:** Florida      **Legally Established:** 9/17/2022

**Business Details**

**Month/Day fiscal year ends:**

12/31

**Organization's Internal Revenue Service Status:**

501(c)(3)

**Uploads Attached:** Yes**Attached Documents**

- Name:** FinalLetter92-3071148COMMUNITYADVANCEMENTRESOURCEENRICHMENTINC0319202500.pdf  
**Type:** Exemption Determination Letter  
**Desc:** final determination letter

**Purpose of the Organization:**

Community Advancement Resource Enrichment, Inc. (iCARE) is organized exclusively for charitable purposes under Section 501(c)(3) of the Internal Revenue Code. iCARE's mission is to strengthen and empower underserved individuals and families in Brandon, Tampa, Seffner, and surrounding Hillsborough County, Florida by providing access to essential resources, including food assistance, educational support, health and wellness resources, and community outreach programs. iCARE is committed to advancing

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

Contributions will be used to support iCARE's community service programs in Brandon, Tampa, Seffner, and surrounding Hillsborough County, Florida. Programs include monthly food bank distributions, back-to-school supply giveaways, health resources and wellness outreach, donated medical supply distribution, and general community assistance to individuals and families in need. Funds support program supplies, event costs, and operational expenses necessary to carry out the organization's charitable

**Personnel Information**

**Name:** Rhonda Reeder  
**Title:** In Charge of Distribution  
President  
**Phone:** 407-946-0830  
**Address:** 1032 E Brandon Blvd #6775  
Brandon Florida 33511

**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:** Cedrick West  
**Title:** Treasurer  
**Phone:** 407-454-3345  
**Address:** 1032 E Brandon Blvd #6775  
Brandon Florida 33511

#### 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:** Corey Reeder  
**Title:** Chief Executive Officer  
 In Charge of Distribution  
**Phone:** 407-929-8712  
**Address:** 1032 E Brandon Blvd #6775  
 Brandon Florida 33511

### 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*

### Financial Statement

**Fiscal year ending:** 12/31/2026  
**Financial statement source:** Budget (Newly formed organizations only)  
 Total Revenue: \$27,000.00  
 Total Expense: \$11,000  
 Program Service Expense: \$8,700.00  
 Management & General Expense: \$2,300.00  
 Fundraising Expense: \$000

### Attached Documents

1. **Name:** ICARE2026Budgetv2.docx  
**Type:** FDACS Annual Financial Reporting Form

**Desc:** Projected Annual Budget — Fiscal Year 2026 — Newly Formed Organization

### 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?** No

**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

#### Preparer Information

**First Name:** Rhonda  
**Last Name:** Reeder  
**Phone Number:** 407-946-0830  
**Email Address:** contact@icaregives.org

#### Signature Information

##### I certify the following:

- \*  I certify that I am authorized to complete this application and the information provided is true and accurate.
- \*  I certify that the above-named charitable organization or sponsor received less than \$50,000 in total revenue (including contributions).
- \*  I certify that the fundraising activities of the above named charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the above named charitable organization or sponsor.
- \*  I certify that the above named charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.



**Signature Name:** Rhonda Reeder

**Signature Date:** 5/1/2026

