Clear Form

"FIRST SCHEDULE

(Section 8 (2) & (5))

REGISTRATION FORM FOR NON-PROFIT ORGANISATIONS

Please note: Unincorporated non-profit organisations must attach to its completed form a copy of its Constitution or intended Constitution. It is IMPORTANT that you ACCURATELY complete and confirm all information provided before submitting this Form. The Registrar of Non-Profit Companies accepts no responsibility for the information provided in this Form.

Tick the appropriate box:

New application ☑ Umbrella Organisation ☐

Renewal of registration ☐

Change of information ☐

Projected or annual turnover of $75,000 or more: Yes ☐ No ☐

Note: In the case of an application to change of information, ONLY the relevant sections must be completed.

Please attach a separate sheet of paper if additional space is required.

1. ORGANISATION CONTACT DETAILS

Name (*or proposed name*) of Non -profit Organisation ("NPO"):			
SQUARE ONE COMMUNITY DEVELOPMENT INITIATIVE			
Contact details for NPO	**Office Telephone:**	**Cell Phone:**	**Email:**
		376-0321	blackfly.clint@gmail.com
	Address:		**Website (if any):**
	Don Mackay Blvd. Abaco		

2. CONTROLLER(S) CONTACT INFORMATION

Name:	**Address:**
LAURA PAINE	16 POINCIANA CAY, SANDYPORT
Telephone (if different from above):	**Position in NPO:**
376-3630	DIRECTOR
Email: lauraepaine76@hotmail.com	

3. ORGANISATION OPERATING DETAILS

a. In full detail, please describe the **PURPOSE** (*or intended purpose*) of the NPO:

- TO AID IN THE REBUILDING OF REDEVELOPMENT OF MARSH HARBOUR THROUGH THE SQUARE ONE DEVELOPMENT PROGRAM.
- TO REPURPOSE AND REBUILD THE QUALITY STAR AUTO CENTRE CREATING AN ENTREPENEURIAL INCUBATOR FOR 10 NEW BUSINESSES.

b. Does your organisation have subsidiary organisation(s)? YES ☐ NO ☑

c. If yes, please list the subsidiary organisation(s):

1. _____
2. _____
3. _____

d. Please provide the information below for the ***President, Vice President, Secretary*** and ***Treasurer*** of the non-profit organisation:

PRESIDENT	**Name:** CLINT KEMP	
	Telephone: 376-0321	**Email:** blackfly.clint@gmail.com
	Address: ~~Don Hackey Blvd.~~, Abaco, Bahamas	
VICE PRESIDENT	**Name:** Crossing Rock, Schooner Bay,	
	Telephone:	**Email:**
	Address:	
SECRETARY	**Name:** LAURA PAINE	
	Telephone: 376-3630	**Email:** laurapaine76@hotmail.com
	Address: 16 Poinciana Cay, Sandyport, Nassau, Bahamas	
TREASURER	**Name:** MARK PALMER	
	Telephone: 465-6763	**Email:** markalexpalmer@gmail.com
	Address: ~~X~~17 SHIRLEY PARK AVE, NASSAU, BAHAMAS	

If an umbrella organisation, please attach a list of the full name and physical or street address of every constituent unit.

CONTROLLER DECLARATION

I, LAURA PAINE, controller of SQUARE ONE COMMUNITY DEVELOPMENT INITIATIVE

(Name of Controller) (NPO Name)

certify that the information provided is true to the best of my knowledge.

Signature: _____ **Date:** 30-NOV-2021

FOR OFFICIAL USE ONLY

SECOND SCHEDULE

(Sections 20(1), 24(1) and 34(3))

DECLARATION FORM FOR NON-PROFIT ORGANISATIONS

Please note that this form must be filled out by the Controller of the non-profit or umbrella organisation.

I, LAURA PAINE controller of SQUARE ONE COMM. DEVELOP. INITIATIVE hereby declare that:

(a) reliable financial records are being maintained and are available through the office administrator/registered agent/registered office or person who as the non-profit organisation's fiduciary, management body or other service provider is regulated by the Banks and Trust Companies Regulation Act (*Ch. 316*) or the Financial and Corporate Service Providers Act (*Ch. 369*); and

(b) in respect of any donation that is one hundred thousand dollars and above, records are being maintained at the registered office address of the non-profit organisation, whether the donation is made as one lump sum or as aggregate sums.

Signature: _____

Date: 29 Nov 2021