



6726 Beaverlodge Dr, | Memphis, TN 38141 | (901) 283-4706 or (1662) 874-0128
williams241816@yahoo.com

Ms. Mitzi Turnage
Real Estate Agent
Shelby County Land Bank
584 Adams Avenue
Memphis, TN 38103

May 09, 2016

RE: Request for a Nominal Consideration Conveyance

Dear Ms. Turnage,

On behalf of my organization, Miracle Care Program, incorporated, we would like to request Shelby County, TN property as a generous donation from the Shelby County Land Bank. Miracle Care advocates and provides support services to ensure a life without limits for people with a spectrum of disabilities. Operates as a non-profit 501©3 public organization and a state-approved sponsor of the physical and cognitive disabilities. We are responsible for providing regular trainings and workshops on First Aid, CPR, and Protection from harm, Seizure, health and safety, while ensuring all program participants (i.e., licensed and unregulated caregiver providers) are in compliance with DIDD participation requirements.

Your gift will allow us the facility space to carry out our mission of Miracle Care is to advance the independence, productivity and full citizenship of people with various types of disabilities. The commercial property located at 715 Neptune is preferred, and the location(s) will house the administrative office and training center for our caregiver providers' workshops. Furthermore, this donation will provide a stable location, increase accessibility and encourage community growth.

Thank you for your consideration. We look forward to building a relationship with Shelby County Land Bank.

Sincerely,

Andrea Williams, Executive Director



6726 Beaverlodge Dr. | Memphis, TN 38141 | (901) 283-4706 or (1662) 874-0128

Ms. Mitzi Turnage
Shelby County Land Bank Administrator
584 Adams Avenue
Memphis, TN 38103

June 09, 2015

RE: Request for a Nominal Consideration Conveyance

Mission Statement

“Your disability quality service caregiver service, giving clients help, hope and a happy lifestyle”

Tennessee Secretary of State

Tre Hargett

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[ELECTIONS](#)

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Business Services Online > Find and Update a Business Record > Business Entity Detail

Business Entity Detail

Available
Entity
Actions



[File Annual Report \(after 12/01/2016\)](#)

[Certificate of Existence](#)

... [More](#)

Entity details cannot be edited. This detail reflects the current state of the filing in the system.

Return to the [Business Information Search](#).

000713378: Nonprofit Corporation - Domestic

[Printer Friendly Version](#)

Name: Miracle Care Incorporated

Old Name: Miracle Care

Status: Active

Initial Filing Date: 03/19/2013

Formed in: TENNESSEE

Delayed Effective Date:

Fiscal Year Close: December

AR Due Date: 04/01/2017

Term of Duration: Perpetual

Inactive Date:

Principal Office: 6726 BEAVERLODGE DR
MEMPHIS, TN 38141-7818 USA

Mailing Address: 6726 BEAVERLODGE DR
MEMPHIS, TN 38141-7818 USA

AR Exempt: No

Obligated Member Entity: No

Public Benefit Corporation: Yes

[Assumed Names](#)

[History](#)

[Registered Agent](#)

Name

Status

Expires

No Assumed Names Found...

Division of Business Services

312 Rosa L. Parks Avenue, Snodgrass

Tower, 6th Floor

Nashville, TN 37243

615-741-2286

8:00 a.m. until 4:30 p.m. (Central)

Monday - Friday

[Directions](#) | [State Holidays](#) | [Methods of](#)

[Payment](#)

Business Filings and Information (615) 741-2286 | TNSOS_CORPINFO@tn.gov

Certified Copies and Certificate of Existence (615) 741-6488 | TNSOS_CERT@tn.gov

Motor Vehicle Temporary Liens (615) 741-0529 | TNSOS.MVTL@tn.gov

Uniform Commercial Code (UCC) (615) 741-3276 | TNSOS.UCC@tn.gov

Workers' Compensation Exemption Registrations (615) 741-0526

| TNSOS.WCER@tn.gov

Apostilles & Authentications (615) 741-0536 | TNSOS.ATS@tn.gov

Summons (615) 741-1799 | TNSOS.ATS@tn.gov

Trademarks (615) 741-0531 | TNSOS.ATS@tn.gov

Nonresident Fiduciaries (615) 741-0536 | TNSOS.ATS@tn.gov



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Filing Information

Name: **Miracle Care Incorporated**

General Information

SOS Control # 000713378 Formation Locale: TENNESSEE
Filing Type: Nonprofit Corporation - Domestic Date Formed: 03/19/2013
03/19/2013 3:14 PM Fiscal Year Close 12
Status: Active
Duration Term: Perpetual
Public/Mutual Benefit: Public

Registered Agent Address

ANDREA WILLIAMS
6726 BEAVERLODGE DR
MEMPHIS, TN 38141-7818

Principal Address

6726 BEAVERLODGE DR
MEMPHIS, TN 38141-7818

The following document(s) was/were filed in this office on the date(s) indicated below:

<u>Date Filed</u>	<u>Filing Description</u>	<u>Image #</u>
05/09/2016	2015 Annual Report	B0241-9583
04/17/2015	2014 Annual Report	B0088-9675
04/02/2014	2013 Annual Report	7322-2336
04/29/2013	Articles of Amendment	7198-2099
	Filing Name Changed From: Miracle Care To: Miracle Care Incorporated	
03/19/2013	Initial Filing	7167-1789

Active Assumed Names (if any)

Date Expires



Department of State
Corporate Filings
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

ARTICLES OF AMENDMENT
TO THE CHARTER
(Nonprofit)

For Office Use Only

FILED

Corporate Control Number (If Known) 00071378

Pursuant to the provisions of section 48-60-105 of *The Tennessee Nonprofit Corporation Act*, the undersigned corporation adopts the following articles of amendment to its charter:

1. Please insert the name of the corporation as it appears of record:

Miracle Care

If changing the name, insert the new name on the line below:

Miracle Care Incorporated

2. Please check the block that applies:

Amendment is to be effective when filed by the secretary of state.

Amendment is to be effective, _____ (month, day, year)

(Not to be later than the 90th day after the date this document is filed.) If neither block is checked, the amendment will be effective at the time of filing.

3. Please insert any changes that apply:

a. Principal address: _____ (Street) _____ (City) _____ (State/County) _____ (Zip Code)

b. Registered agent: _____ (Street) _____ (City) _____ (State/County) _____ (Zip Code)

c. Registered address: _____ (Street) _____ (City) _____ (State/County) _____ (Zip Code)

d. Other changes: _____ (Street) _____ (City) _____ (State/County) _____ (Zip Code)

4. The corporation is a nonprofit corporation.

5. The manner (if not set forth in the amendment) for implementation of any exchange, reclassification, or cancellation of memberships is as follows:

6. The amendment was duly adopted on 04/11/2013 (month, day, year)
by (please check the block that applies):

The incorporators without member approval, as such was not required.

The board of directors without member approval, as such was not required.

The members

7. Indicate which of the following statements applies by checking the applicable block:

Additional approval for the amendment (as permitted by §48-60-301 of the Tennessee nonprofit corporation act) was not required.

Additional approval for the amendment was required by the charter and was obtained.

Chief Executive Officer

Signer's Capacity

Signature

04/25/2013

Date

Andrea Williams

Name of Signer (typed or printed)

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 14 2015**

MIRACLE CARE INCORPORATED
C/O ANDREA WILLIAMS
6726 BEAVERLODGE DRIVE
MEMPHIS, TN 38141

Employer Identification Number:
46-2066493
DLN:
405100000
Contact Person:
SIRIJUN MAYI ID# 31449
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
March 19, 2013
Contribution Deductibility:
Yes
Addendum Applies:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

MIRACLE CARE INCORPORATED

ADDENDUM

This Letter supersedes our letter dated March 31, 2015.

**CHARTER
NONPROFIT CORPORATION** (SS-4418)



Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th Fl.
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$100.00

For Office Use Only

The name of the corporation is: Miracle Care

10. The complete mailing address of the entity (if different from the principal office) is:

Address: _____
City: _____ State: _____ Zip Code: _____

11. List the name and complete address of each incorporator:

Name	Business Address	City, State, Zip
Andrea Williams	6726 Beaverlodge Drive	Memphis, TN, 38141
Kimberly Williams	6726 Beaverlodge Drive	Memphis, TN, 38141

12. School Organization: (required if the additional designation of "School Organization - Exempt" is entered in section 3.)

- I certify that pursuant to T.C.A. §49-2-611, this nonprofit corporation is exempt from the \$100 filing fee required by §48-51-303(a)(1).
- This nonprofit corporation is a "school support organization" as defined in T.C.A §49-2-603(4)(A).
- This nonprofit corporation is an educational institution as defined in T.C.A. §48-101-502(b).

13. Insert here the provisions regarding the distribution of assets upon dissolution:

Upon dissolution all remaining assets shall be distributed for one or more exempt purposes.

14. Other Provisions:

None

**Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.*

03/16/2013
Signature Date

Andrea Williams
Incorporator's Signature

Andrea Williams
Incorporator's Name (printed or typed)

RECEIVED BY LETTERS TO THE SECRETARY OF THE STATE