Organization ID# State of origin

Filing fee

0150509

Commonwealth of Kentucky \$115.00 Elaine N. Walker, Secretary of State 0150509.09

amcray NPRF

Elaine N. Walker, Secretary of State

Received and Filed: 9/30/2011 1:48 PM Fee Receipt: \$115.00

Elaine N. Walker Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## **Reinstatement Application and Reinstatement Annual Report** For the year 2011

RST

Exact organization name and principal office address CENTER FOR WOMEN, CHILDREN AND FAMILIES, INC. 530 N. LIMESTONE ST. **LEXINGTON KY 40508** 

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address - CINNY ANN BLACKSON 530 NORTH LIMESTONE STREET LEXINGTON, KY 40508

	- List the name, address and titl default to the principal office addre					officer. If not
President	PATTY BREEZE	CLIFFFI	2 DHAN	λ		
Vice President	- CLIFF FELTHAM	TUALANT	-)	1		
Treasurer	TIM GUTHRIE				L	
Secretary	·NILA WELLS	MARY	MUDRE	YOHan		
<b>Directors</b> - Non-profit office address.	corporations must have at least th	ree (3) directors. All direct	ors of the non-profit mus	t be listed. If not sp	ecified, director addresses de	efault to the princip
BARBARA BAILEY	COWEN					

PRISCILLA JOHNSON NANCY POLK

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 273.3181. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to CENTER FOR WOMEN, CHILDREN AND FAMILIES, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

chairman of the board (Required)



THOMAS B. MILLER
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

September 30, 2011

CENTER FOR WOMEN, CHILDREN AND FAMILIES, INC. 530 N. LIMESTONE ST. LEXINGTON KY 40508

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **CENTER FOR WOMEN**, **CHILDREN AND FAMILIES**, **INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Kim Carter, Revenue Program Officer Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7344 FAX# 502-564-3392

Kentucky Secretary of State organization number 0150509

