| _ * | | | | 0418709.09 Michael G. Adams Kentucky Secretary of State Received and Filed: 7/2/2020 3:30 PM Fee Receipt: \$145.00 | |
|--|---|--|--|--|--------------------------|
| Michael G. Ad Secretary of S P. O. Box 7 Frankfort, KY 406 (502) 564-34 http://www.sos.k | State 18 02-0718 490 | Reinstatement App Reinstatement An For the years 2018 th | nual Report | | RST |
| WORD OF FAITH FULL GOSPEL CHURCH, INC. name/office add 3620 W. BROADWAY addresses until LOUISVILLE KY 40203 reinstatement is | | | | office address and registered agent dress cannot be changed on this astating, you cannot modify the the reinstatement is filed. Once the filed, the statement of change can be op.sos.ky.gov/fisearch or can be | |
| company's information he FEIN: N Principal Officers - Li specified, officer addresses defi | MONS GATE KY 40229 Included in a par Pre (optional): Name: ist the name, addr | rent company's Kentucky tax return as a disre- ress and title of all current officers. All organizations mu I office address. Corporations are required to list a Sect | ist list at least one (1) officer. eve | n in the case of a so | t ble officer. If not |
| Trustee | PATRICI | PATRICIA NANCE | | | |
| President | LESTER FLEMONS | | | ······ | |
| Vice President | ANGELA | FLEMONS | | | |
| | porations must hav | ve at least three (3) directors. All directors of the non-pro | fit must be listed. If Not specified | , director addresses | s default to the princ |
| Directors - Non-profit corp | | | | | |
| office address. | ON | | | | |
| office address. | NC | | | | |
| Construction of the second sec | | | | | |
| OFFICE Address | | | | | |

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WORD OF FAITH FULL GOSPEL CHURCH, INC. 3620 W. BROADWAY LOUISVILLE KY 40203

 Notice Date:
 July 2, 2020

 KY SoS Org. ID:
 0418709

| RE: | Letter of Good Standing Request - Approved | | | |
|------------------------|--|--|--|--|
| SUMMARY | You requested a letter of good standing, and your entity is in good standing with the Department of Revenue. | | | |
| OUR DETERMINATION | N We verified the following information. | | | |
| | You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place. This notice will remain current for 30 days from the notice date above. | | | |
| WHAT YOU NEED TO DO | If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/charity/Pages/registration.aspx. | | | |
| CONTACT INFORMATION | If you have any questions regarding this notice, please contact me. Thank you. Agent: Dottye REV3769, Taxpayer Specialist I Email: Dottye.Roberts@ky.gov Direct: 502-564-0102 | | | |