Organization ID # 0707426 State of origin KY

**Commonwealth of Kentucky** Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 7/25/2014 1:02 PM Fee Receipt: \$130.00

Alison Lundergan Grimes 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 years 2013 through 2014

**RST** 

**Exact organization name and principal office address FAMILY VOICES OF KENTUCKY, INC. 5101 CEDAR RIDGE DRIVE LAGRANGE KY 40031** 

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

**DEBORAH GILBERT** 5101 CEDAR RIDGE DRIVE LAGRANGE, KY 40031



President	DEBBIE GILBERT			
Secretary	PATRICIA PAYNE			
Treasurer	LINDA MILLER		A Section 1	
<b>Directors -</b> Non-pro	ofit corporations must have at least three (3) director	ors. All directors of the non-profit must be listed. If no	specified, director addresses default	to the principal
DEBBIE GILBER	T			
LINDA MILLER	**************************************			
PATRICIA PAYN	<u> </u>			
			: 	
			Augmente de	
2013. The undersig	ned states that the grounds for disso	ember 28, 2013 because the entity did lution either did not exist or have been of a check in the amount of \$130.00, pay	eliminated, and the entity's n	ame
Under penalty of peinformation pertain KRS 271B.14-220.	ing to FAMILY VOICES OF KENTUCI	rizes the Kentucky Department of Reve KY, INC. to the Secretary of State, as re	nue to release any applicable quired for reinstatement pure	e tax suant to
If not anyofficer of s	said e <mark>ptity, please provide a Declarati</mark> o	on of Power of Attorney with the Reinsta	tement Application.	
X N)elmak	( Lilbert	President	7/19/14	
Signature of office	er or chairman of the board (Required)	Title (Required)	Date (Requ	uired)



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

July 25, 2014

FAMILY VOICES OF KENTUCKY, INC. 5101 CEDAR RIDGE DRIVE LAGRANGE KY 40031

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **FAMILY VOICES OF KENTUCKY, 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,

Stephanie REVX219, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2028 FAX# 502-564-3392

Kentucky Secretary of State organization number 0707426

