Organization ID # 0029055 State of origin

Alison Lundergan Grimes

Secretary of State

P. O. Box 718

Frankfort, KY 40602-0718

(502) 564-3490 http://www.sos.ky.gov

**Commonwealth of Kentucky** Filing fee \$190.00 Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 5/22/2015 1:36 PM Fee Receipt: \$190.00

**Reinstatement Application and Reinstatement Annual Report** For the years 2010 through 2015

RST

Exact organization name and principal office address

**KIWANIS CLUB OF HAZARD C/O SHANE COMBS** 119 LONGFIELD CIRCLE **VICCO KY 41773** 

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

**TOM CRAVENS** 1 COMMUNITY COLLEGE DRIVE HAZARD, KY 41701



President	TOM CRAVENS SHANE COMBS CHARLES DAVID WAPIER. II		Cynthia Cory POBUX 472 Durf 41739 TUM Cravens POBOX 7231 Hazard KY 41		
Secretary					
Treasurer					
Vice President	WILLIAM D FUCATE		Sam Col	1:00 Pd Box	816 H42N4 KY 417 02
<b>Directors</b> - Non-profit corporation and corporation and corporation and corporation are corporated as a corporation and corporation are corporated as a corporation are corporated as a corporation are corporated as a corpo	rations must have at least thr	ee (3) directors. All directors of	of the non-profit must be liste	ed. If not specified, director	addresses default to the principal
THOMAS F SKAGGS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Junice Un	4(6	S <sub>e</sub>	m Collins
BRIAN ELSEA		Cunthia Co	l/v	A A A A A A A A A A A A A A A A A A A	
ROBERT C TURNER	Mark Company	Barbara	13'ar Ker	y See See See See	
BOBBY D'BENTLEY		Brandon 1			
TIMOTHY J CORY		Tom Cray			
The above entity was adr 2010. The undersigned s satisfies the requirements	tates that the grounds	for dissolution either	did not exist or have	been eliminated, and	d the entity's name
Under penalty of perjury, information pertaining to 271B.14-220.					
f not an officer of said en	ntity please provide a	Declaration of Power	of Attorney with the F	einstatement Applic	ation.

Date (Required) officer or 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

May 22, 2015

KIWANIS CLUB OF HAZARD 229 UPPER DUTY BRANCH HAPPY KY 41746

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **KIWANIS CLUB OF HAZARD** 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,

Nicole REVX129, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2062 FAX# 502-564-0058

Kentucky Secretary of State organization number 0029055

