| Organization ID # 02 | 98559 Commo | | | 0298559.09 | dcornish NPRF |
|---|---|---|--|---|------------------|
| State of origin KY Filing fee \$280.00 Alison Lundergan Grimes, Secretary of State | | | | Alison Lundergan Grimes | |
| Filing fee \$280.00 | Alison Lunderga | an Grimes, Sec | cretary of Sta | Kentucky Secretary of | State |
| | | | | Received and Filed: 10/10/2013 4:53 PM | |
| | ate Reinsta t | | | Fee Receipt: \$280.00 | |
| Alison Lundergan G Secretary of Sta | | atement Appli | cation and | | |
| P. O. Box 718 | | | | RST | |
| Frankfort, KY 40602 | 2-0718 Reins i | Reinstatement Annual Report | | | |
| (502) 564-349 | | he years 2002 thro | | | |
| http://www.sos.ky | ον | | | | |
| Exact organization na | me and principal office add | dress | | e address and registered agent | |
| | IPLE COMMUNITY CHURCI | form. When reinsta | ss cannot be changed on this ting, you cannot modify the | | |
| % JOYCE JON | | | addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be | | |
| | | | | os.ky.gov/ftsearch or can be | |
| MADISONVILL | .E KY 42431 | | downloaded from ou | ir website. | |
| | | | | | |
| Registered Agent and | Registered Office Address | | | | |
| SPENCER GA 7330 HANSON HANSON, KY 4 | INES I RD. | | | | |
| Principal Officers - List | the name, address and title of all currer | nt officers. All organizations must li | st at least one (1) officer, even | in the case of a sole officer. If not | • |
| President | It to the principal office address, Corporat EDWARD, GAINES JR | Dean Durnam | y or other officer serving as rec | | <u> </u> |
| Treasurer | PAM SMITH | | 10 A 4 | | |
| Secretary | PAM SMITH JOYC | e James 🥢 | | | |
| | | <u> </u> | | | |
| Directors - Non-profit corport | rations must have at least three (3) direct | tors. All directors of the non-profit n | nust be listed. If not specified, d | lirector addresses default to the p | rincipal |
| BOBBY_SMITH | | | | | |
| FRANKIE FRASHURE | <u>- Steven Durham</u> | | Aduration of | | |
| SPENCER GAINES | Tara Fros t | | (August) | | |
| JEWELL (BILL) - PLUN | | | W Allia waa | | |
| | | | W S. I | | |
| | | | r Strage 14 | | |
| The above entity was adr | ministratively dissolved on Nov | ember 1 2002 because th | ne entity did not file its a | annual report for the year | |
| 2002. The undersigned s | tates that the grounds for disso | olution either did not exist | or have been eliminate | d, and the entity's name | |
| satisfies the requirements | s of KRS 273,3181. Enclosed i | s a cneck in the amount o | it ∌∠ou.uu, payable to K | entucky State Treasurer. | |

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to CALVARY TEMPLE COMMUNITY CHURCH, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said eptity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

'am c Signature of officer or chairman of the board (Required)

Treasurer

Title (Required)

10/4/13 Date (Required

Pan Smith



THOMAS B. MILLER Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

October 10, 2013

CALVARY TEMPLE COMMUNITY CHURCH, INC. % PAM SMITH 314 EAST CLARK EARLINGTON, KY. 42410

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **CALVARY TEMPLE COMMUNITY CHURCH, 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,

Vickie Nichols, Revenue Program Officer Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7367 FAX# 502-564-3392

Kentucky Secretary of State organization number 0298559

