Organization ID # 0079175 State of origin

Commonwealth of Kentucky Filing fee \$475.00 Alison Lundergan Grimes, Secretary of

0079175.09

amcray NPRF

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 1/8/2016 11:09 AM Fee Receipt: \$475.00

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 1992 through 2016

RST

Exact organization name and principal office address CHRISTIAN ASSEMBLY OF LEXINGTON, INC. P. O. BOX 25050 **LEXINGTON KY 40524**

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 <u>app.sos.ky.gov/fitteerch</u> or can be downloaded from our website.

Registered Agent and Registered Office Address

CARL P. KING 3147 ROXBURG DR., WEST **LEXINGTON, KY 40503**



| Principal Officers - List the specified, officer addresses default to | e name, address and title of all current the principal office address. Corporation | officers. All organizatio | ns must list at least one (Secretary or other office | (1) officer, even in the corresponds cu | ase of a sole officer, if not stodian |
|---|---|--|---|--|---|
| President | Howard L. Sm | 1th 152 | Heritage | Dr. Nichole | asville KY 40356 |
| Vice-President | Joshua Faune | 11 | | RaiNicholo | |
| Secretary | Shirley Gillespie | 751 | Winburn De | A | |
| Treasurer | Rita C. East | 38/0 | | | vinaton. KY 409 |
| Treasurer . | KIIW C/CGSI | | ACL AM | ms Liviy Lo | <u>virialion, 12.7-70;</u> |
| Directors - Non-profit corporati office address. | ons must have at least three (3) director | rs. All directors of the n | on-profit must be listed. It | f not specified, director | addresses default to the principa |
| Howard L.Sm | ith 152 | Heritage. | Dr. Nicho | las ville. | KY 40356 |
| Shirley GillesD | | | Dr. Rich | | V 40475 |
| Rita (JEast | 381 | | ms Lnule | | KY 40514 |
| | <u> </u> | | mg buyen | 21197077 | N. 1. 19 51 J |
| | | | | | |
| 1992. The undersigned stat satisfies the requirements of Under penalty of perjury, the information pertaining to Ch pursuant to KRS 271B.14-2 | y, please provide a Declaratio | ution either did no a check in the an izes the Kentucky XINGTON, INC. t | of exist or have been ount of \$475.00, propertment of Recorder of the Secretary of the Rein other with the Rein of the Secretary of the Rein of the Re | en eliminated, and payable to Kentuc evenue to release State, as required | I the entity's name ky State Treasurer. any applicable tax I for reinstatement |
| , , | | | | | |



DANIEL P. BORK Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

January 8, 2016

CHRISTIAN ASSEMBLY OF LEXINGTON, INC. P. O. BOX 25050 **LEXINGTON KY 40524**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, CHRISTIAN ASSEMBLY OF **LEXINGTON, 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,

Erika REV3847, Revenue Auditor I Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-2039

Fax: (502) 564-3392

Kentucky Secretary of State organization number 0079175

