Organization ID # 0793177

Commonwealth of Kentucky State of origin KY
Filing fee \$130.00 Alison Lundergan Grimes, Secretary of \$

0793177.09

mstratton **NPRF**

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed:

4/17/2015 2:18 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 2014 through 2015

RST

Exact organization name and principal office address LEXINGTON CHARITY ASSOCIATION, INC. PO BOX 34041 **LEXINGTON KY 40588**

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

FOSTER OCKERMAN, JR. 209 E HIGH ST **LEXINGTON, KY 40507**



	default to the principal office address. Corporation Rock Daniels	ons are required to list a Secretary or other officer serving as records custodian 802 Sunset Drive Lexington KY 40502
President		602 Suitset Drive Lexitigion K1 40302
Vice President	GREG HAYDON	
Secretary	ALLEN MCDANIEL	
Treasurer	BRAD PICKRELL	
Directors - Non-profit office address.	corporations must have at least three (3) director	rs. All directors of the non-profit must be listed. If not specified, director addresses default to the principal
CARL WALTER		
JACK WILKINSON		
PRESTON WORLE	<u> </u>	
2014. The undersign	ed states that the grounds for dissol	ember 30, 2014 because the entity did not file its annual report for the year ution either did not exist or have been eliminated, and the entity's name a check in the amount of \$130.00, payable to Kentucky State Treasurer.
	g to LEXINGTON CHARITY ASSOC	izes the Kentucky Department of Revenue to release any applicable tax IATION, INC. to the Secretary of State, as required for reinstatement pursuant
If not an officer of an	i d antitu nlagga provida a Daglara ţio	on of Power of Attorney with the Reinstatement Application.

President

gnature of officer or chairman of the board (Required)

Title (Required)

Date (Required)

4/12/2015



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

April 17, 2015

LEXINGTON CHARITY ASSOCIATION, INC. PO BOX 34041 LEXINGTON KY 40588

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **LEXINGTON CHARITY ASSOCIATION, 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 REVE230, 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 0793177

