

Organization ID # 0433450  
State of origin KY  
Filing fee \$205.00

# Commonwealth of Kentucky

## Alison Lundergan Grimes, Secretary of State

0433450.09 amcray NPRF  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
11/18/2014 11:19 AM  
Fee Receipt: \$205.00

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 2008 through 2014

**RST**

**Exact organization name and principal office address**  
EBENEZER PRESBYTERIAN CHURCH, INC.  
1918 BLOWING SPRINGS ROAD  
GREENSBURG KY 427438753

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/ftssearch](http://app.sos.ky.gov/ftssearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**  
JERRY HUMPHREY  
1918 BLOWING SPRINGS ROAD  
GREENSBURG, KY 427438753



**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

Vice President	<del>JERRY HUMPHREY</del>	_____
President	DAVID L GIVENS	_____
Secretary	<del>JERRY HUMPHREY</del>	ANNE DURHAM
Treasurer	<del>EDGAR L COX</del>	PEGGY COFFEY

**Directors** - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

<del>WILLARD COFFEY</del>	EDGAR COX	ANNE MOORE
DAVID P GIVENS	TERRY HALL	DEBBIE THOMPSON
<del>TOM GRIFFITHS</del>	DAVID P. GIVENS	DON LOWE
_____	PHILIP MITCHELL	SANDY HUMPHREY
_____	_____	_____

The above entity was administratively dissolved on November 1, 2008 because the entity did not file its annual report for the year 2008. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 273.3181. Enclosed is a check in the amount of \$205.00, payable to Kentucky State Treasurer.

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

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

X Peggy Coffey \_\_\_\_\_ Treasurer \_\_\_\_\_ 11-16-14  
 Signature of officer or chairman of the board (Required) Title (Required) Date (Required)



**THOMAS B. MILLER**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

**BOB BROOKS**  
Executive Director

November 18, 2014

**EBENEZER PRESBYTERIAN CHURCH, INC.  
1918 BLOWING SPRINGS ROAD  
GREENSBURG KY 427438753**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **EBENEZER PRESBYTERIAN 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,

Kim REVE217, Taxpayer Services Specialist II  
Pass Through Entity Tax Branch  
501 High Street, Mail Sta. 69  
Frankfort, KY 40601  
502-564-7344  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0433450