

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

00 NOV -9 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*pg 1 of 2*

DOCUMENT # N98000003806

1. Corporation Name

ALLEN FAMILY AND COMMUNITY SERVICES, INC.

Principal Place of Business

1522 W. WASHINGTON STREET  
ORLANDO FL 32805

Mailing Address

1522 W. WASHINGTON STREET  
ORLANDO FL 32805

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

593539631

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CHAMPION, GEORGE L SR	1522 W. WASHINGTON STREET	ORLANDO FL 32805
D	CHAMPION, BETTIE	1522 W. WASHINGTON STREET	ORLANDO FL 32805
D	ANDERSON, GRANDVILLE	1522 W. WASHINGTON STREET	ORLANDO FL 32805
D	ADAMS, TIM L	1522 W. WASHINGTON STREET	ORLANDO FL 32805
D	PENNINGTON, LEENETTE	252 SALDON LANE	COCOA FL 32926
D	WADE, JAMES	1109 EMERSON STREET	EVANSTON IL 60201

8. Name and Address of Current Registered Agent

CHAMPION, GEORGE SR.  
1522 W. WASHINGTON STREET  
ORLANDO FL 32805

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

300003488059-2

-12/05/00--01092--021

\*\*\*236 State Z# \*\*\*236.25

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Signature of George L. Champion*  
REGISTERED AGENT MUST SIGN

Date

10/17/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Signature of George L. Champion*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/00 407-999-0100

CR2E040 (8/00)

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: FEB 17 1999

Employer Identification Number:  
59-3539631

DLN:

17053322038018

Contact Person:

TERRY KAYE

Contact Telephone Number:  
(877) 829-5500

ID# 31038

ALLEN FAMILY AND COMMUNITY SERVICES  
INC  
C/O DR GEORGE L CHAMPION  
1522 W WASHINGTON ST  
ORLANDO, FL 32805

Accounting Period Ending:  
May 31

Form 990 Required:  
No

Addendum Applies:  
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(i).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. This does not apply, however, if you make or have made a timely election under section 3121(w) of the Code to be exempt from such tax. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the

Letter 947 (DO/CG)

