



# Application for Consumer's Certificate of Exemption

DR-5  
R. 11/03

Sales and Use Tax [pursuant to ss. 212.08(6), (7), and 213.12(2), Florida Statutes]

**\* NO FEE REQUIRED \***



**CHECK ONE:**

New

Renewal  
Certificate No. \_\_\_\_\_

**MAIL TO:**

ACCOUNT MANAGEMENT/EXEMPTIONS  
FLORIDA DEPARTMENT OF REVENUE  
PO BOX 6480  
TALLAHASSEE FL 32314-6480

**Exemption category for which you are applying (check only one):**

- 501 (c)(3) Organization
- Community Cemetery
- Credit Union
- Fair Association
- Florida Fire and Emergency Services Foundation
- Florida Retired Educators Association
- Library Cooperative
- Nonprofit Cooperative Hospital Laundry
- Nonprofit Water System
- Organization Benefiting Minors
- Parent-Teacher Organization/ Association
- Political Subdivision
- Religious - physical place of worship

- Religious - governing/administrative
- Religious - transportation provider
- School, College or University
- Veterans' Organization
- Volunteer Fire Department

**Office Use Only**

BP \_\_\_\_\_

CO \_\_\_\_\_

RS \_\_\_\_\_ N \_\_\_\_\_ R \_\_\_\_\_

PM Date \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Organization Name <i>Florida Womens Half-Century Softball League INC</i>	
Street Address <i>412 Lakeview Drive</i>	
City/State/ZIP <i>Oldsmar FL 34677</i>	
Federal Employer Identification Number (FEIN) <i>45-3329882</i>	Is Organization incorporated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mailing Address (if different than above)	
City/State/ZIP	
Business Phone <i>(813) 298 9928</i>	
County, if located in Florida <i>Pineellas</i>	
Does organization hold IRS exempt status? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Alternate Phone ( _____ )	
County, if located in Florida	
Does the organization receive income from the sale or lease of tangible personal property, the lease of real property or the sale of taxable services? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, provide the organization's sales and use tax certificate of registration number: _____	

**ALL DOCUMENTS SUBMITTED WILL BE RETAINED AS PART OF THIS APPLICATION.**

## CERTIFICATION

I hereby attest that I am authorized to sign on behalf of the applicant organization described above. I further attest that, if granted, the *Consumer's Certificate of Exemption* will only be used in the manner authorized for this organization under ss. 212.08(6), (7), or 213.12(2), Florida Statutes.

I declare that I have read the information provided on this application, including the attached documentation, and that the facts stated herein are true.

*Marilyn D Zimmerman*  
Signature

*Treasurer*  
Title

*Marilyn D Zimmerman*  
Print name

*08-26-2013*  
Date

Date

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

DEPARTMENT OF THE TREASURY

Date: **AUG 24 2012**

FLORIDA WOMENS HALF-CENTURY  
SOFTBALL LEAGUE INC  
C/O MARILYN D ZIMMERMAN  
412 LAKEVIEW DRIVE  
OLDSMAR, FL 34677

Employer Identification Number:  
45-3329282

DLN:

17053158352012

Contact Person:

DEL TRIMBLE

ID# 31309

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Form 990 Required:

Yes

Effective Date of Exemption:

August 5, 2011

Contribution Deductibility:

No

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(4) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Holly O. Paz  
Director, Exempt Organizations  
Rulings and Agreements

Enclosure: Publication 4221-NC