



MADISON COUNTY BOARD OF SUPERVISORS

125 West North Street • Post Office Box 608
Canton, Mississippi 39046
601-855-5500 • Facsimile 601-855-5759
www.madison-co.com

APPLICATION FOR TAX EXEMPTION FOR NON-PROFIT ENTITIES

Instructions:

Before you apply for a Tax Exemption, please read the attached Qualifications for Tax Exemption in Mississippi (§27-31-1, et seq., MS Code of 1972 Annotated), then answer the following questions to be considered for Tax Exemption. No taxes on the parcel(s) must be owed.

1. APPLICANT FOR TAX EXEMPTION: Holy Trinity Anglican Church
2. ADDRESS OF PROPERTY: 432 Bozeman Rd., Madison, MS
3. TYPE OF PROPERTY (PLEASE CHECK ONE):
 - REAL PROPERTY & PERSONAL PROPERTY
 - REAL PROPERTY ONLY
 - PERSONAL PROPERTY ONLY
4. IF REQUEST INCLUDES REAL PROPERTY LIST PARCEL NUMBER(S):

PARCEL#: 0821-31 - 004/01.05 (NW 1/4 NE 1/4 NW 1/4; 2.18 ACD)
5. DATE PROPERTY ACQUIRED: 11/18/2025
6. INITIAL TAX YEAR FOR REQUEST: 2026
7. ARE ANY PROPERTY TAXES CURRENTLY DUE FOR THIS PROPERTY?
(CIRCLE ONE): YES NO
 - a. If yes, list the tax years with taxes currently due and owing:

8. REASON FOR TAX EXEMPTION: Cemetery and grounds

9. IF THE EXEMPTION CLAIM IS FOR A CHURCH, PLEASE CONSIDER THE FOLLOWING CODE SECTION 79-11-33 MS CODE OF 1972 ANNOTATED:

A religious society, ecclesiastical body and/or any congregation thereof may hold and own the following real property, but no other.

- a. A building used as a place of worship with a reasonable quantity of ground annexed thereto.*
- b. A quantity of ground annexed to the building used as a place of worship and used as a parish house; a community facility; a Sunday school facility; an educational facility; or for the care of children on a non-profit basis.*
- c. As a hospital or infirmary together with a reasonable amount of ground annexed thereto.*
- d. All buildings used as a school or college or seminary of learning.*
- e. All buildings used for an orphan asylum or institution.*
- f. All buildings used for a campground or assembly for religious purposes.*
- g. lands for a cemetery of sufficient dimensions.*
- h. All buildings and grounds used for denominational headquarters and/or administrative purposes.*
- i. Any land which is maintained and used as a parking lot for the convenience of the members of the congregation, church, cathedral, mission, or other unit or administrative unit from which the society receives NO REVENUE, fee, charge or assessment*

10. IF THE EXEMPTION CLAIM IS FOR A CHURCH, WHICH OF THE ABOVE QUALIFIES THE CHURCH PROPERTY FOR TAX EXEMPTION:

Cemetery and grounds

11. IF THE EXEMPTION CLAIM IS FOR A CHURCH ARE ALL PROPERTIES CLAIMED ANNEXED TO THE CHURCH: YES/NO.

12. IF THE EXEMPTION CLAIM IS FOR A CHURCH AND THE PROPERTY CLAIMED FOR EXEMPTION IS NON-CONTIGUOUS, OR NOT ANNEXED TO THE CHURCH PROPERTY, WHAT IS THE PURPOSE FOR THE EXEMPTION, AND IS THE PURPOSE FOR A NON-PROFIT "BENEFIT":

N/A

13. IF THE EXEMPTION CLAIM IS FOR A NON-PROFIT, PLEASE PROVIDE THE INTERNAL REVENUE SERVICE'S (IRS) EXEMPTION LETTER OR PROVIDE THE IRS EXEMPTION #:

744263 Corporate ID
35-2222346 EIN

14. IS THE NON-PROFIT INCORPORATED: YES/NO:

15. IF YES ATTACH COPY OF CHARTER FROM MS SEC OF STATE:

16. If your organization is receiving rent or some equivalent thereof for use of some or all of the real property for which you are requesting an exemption, please provide the amount of rent collected and what percentage of the property is being rented or leased.

N/A

17. If your organization is allowing other groups to use the property for a fee, please provide a detailed description of the groups utilizing the property, the fees associated with that usage, and the estimated percentage of the calendar year when the property is utilized by other organizations.

N/A

18. If your organization provides services for a fee, please describe the fee structure and identify what portion of your clientele (a) pay a reduced fee and/or (b) do not pay any fee for the service.

N/A

19. Review the attached copy of Mississippi statute (Section 27-31-1) and list the specific section of that law that applies to your organization; Section A
All cemeteries used exclusively for burial purposes.

20. Please attach or enclose any other information that will support your application for tax exemption status.

21. SIGNATURES:

The undersigned, individual owner(s) of the property (if a church, the Pastor and one Deacon or business manager), or an authorized officer of the company that owns the property, certifies that to the best of his/her knowledge, that no information contained hereinabove or in the attachments hereto is false in any way, and that all information is truly descriptive of the property and the development for which this application for tax exemption is being submitted .

OWNER OR AUTHORIZED REPRESENTATIVE:

Holy Trinity Anglican Church
Print Name of Applicant (Church)

Ryan Streett Ryan Streett
Pastor

JoAnne S. Watson
Deacon or Business Manager *Sr. Warden*

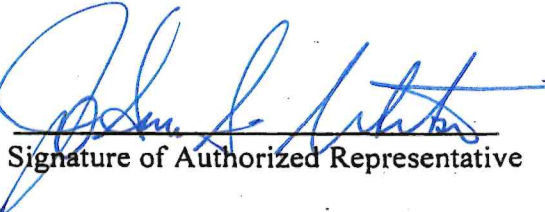
OR

Name of Company or Organization

Title

Telephone

Email Address


Signature of Authorized Representative

6/26/26

Date

Note: Properties with approved tax exemptions do not need to re-file each year, unless there is a change in the use or ownership of the property. If there is any deed activity, an updated application must be re-filed with the County. If any additional real property is acquired, an application will need to be filed for the additional property.

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333
Registered Agent/Office Statement of Change
Nonprofit Corporation



1. Corporate ID

744263

2. Corporate Name

Holy Trinity Anglican Church

3. Federal Tax ID

4. Name and Street Address of the Registered Agent and Registered Office are

Name R. James Young

Physical Address 600 Lamar Life Building 317 E. Capitol Street

P.O. Box

City, State, ZIP5, ZIP4 Jackson MS 39205 -

5. New Registered Agent Name and Registered Office Address

R. James Young

Physical Address 300 Concourse Blvd., Suite 200

P.O. Box

City, State, ZIP5, ZIP4 Ridgeland MS 39157 -

6. If agent has changed, mark appropriate box

6A: The undersigned hereby accepts designation as registered agent for service of process

82718A

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333
Registered Agent/Office Statement of Change
Nonprofit Corporation



Signature of Registered Agent
(Please keep writing within block)

OR

6B: Statement of written consent is attached, signed by the new registered agent

7. The Corporation has been notified of the change of registered office.

X

Yes

No

By: Signature

(Please keep writing within blocks)

Printed Name

R. James Young

Title

Secretary

Filing Fee: \$10.00

829118A



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

X

Date of this notice: 01-16-2004

Employer Identification Number:
35-2222346

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

ANGLICAN MISSION OF GREATER JACKSON
% R JAMES YOUNG
P O BOX 131
JACKSON MS 39205

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 35-2222346. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.

