



OFFICE OF THE PROPERTY APPRAISER

J9FFM<C@5B8
DUVAL COUNTY
PROPERTY APPRAISER

231 E. FORSYTH STREET
SUITE 260
JACKSONVILLE, FL 32202
(904) 630-2020

DOCUMENTATION NEEDED FOR EXEMPTION

NON-PROFIT ORGANIZATIONS: RELIGIOUS, CHARITABLE, LITERARY, SCIENTIFIC, OR EDUCATIONAL:

1. COPY OF BY-LAWS
2. COPY OF RECORDED DEED
3. COPY OF ARTICLES OF INCORPORATION
4. COPY OF STATE CHARTER (SIGNED BY SECRETARY OF STATE)
5. COPY OF YOU MOST RECENT FINANCIAL STATEMENT
6. COPY OF CONSUMER CERTIFICATE OF EXEMPTION
7. PROOF OF NON-PROFIT STATUS

EDUCATIONAL INSTITUTIONS:

1. COPY OF RECORDED DEED
2. COPY OF ACCREDITATION OR MEMBERSHIP OF THE STATE DEPARTMENT OF EDUCATION OF FLORIDA, SOUTHERN ASSOCIATION OF COLLEGES AND SECONDARY SCHOOLS OR THE FLORIDA COUNCIL OF INDEPENDENT SCHOOLS
3. PROOF OF NON-PROFIT STATUS

HOSPITALS:

1. COPY OF RECORDED DEED
2. COPY OF BY-LAWS
3. COPY OF ARTICLES OF INCORPORATION
4. COPY OF 501C (3)
5. COPY OF LICENSE
6. COPY OF CONSUMER CERTIFICATE OF EXEMPTION

Educational Childcare/Gold Seal Qualify Status:

1. Copy of Recorded Deed
2. Copy of Gold Seal Certificate
3. Copy of License
4. Tangible Property Return (Only if any portion of the property is rented or leased)

ALL EXEMPT ENTITIES ARE REQUIRED TO FILE A CURRENT TANGIBLE PERSONAL TAX RETURN ON ANY PORTION RENTED OR LEASED. FOR FURTHER TANGIBLE QUESTIONS, CALL (904) 630-1964.

Proof of non-profit status is a copy of 501 (c) (3) or any other document as outlined in FS 196.195 (2a-e).



**Ad Valorem Tax Exemption
Application and Return**
(Per 196.195, 196.196, 196.197, 196.2001, 196.2002, Florida Statutes)

Return/Application Number

DR-504
R. 11/01

For use of organizations applying for exempt status under Chapter 196, Florida Statutes which are organized and operated for one or more of the following purpose(s): (Check one or more)

- Religious Literary Charitable Scientific Sewer Water/Wastewater Systems Education
 Hospitals, nursing homes, and homes for special services. Other _____

A General Information

1. Full Name of Organization:	County Where Property is Located:
2. Complete Address:	Business Phone:

3. Address of Property (if different from above):

4. List All Owners of the Property and their Proportionate Interest:

5. Legal Description (Appraiser's R.E., parcel no., etc. may be substituted):

6a. Is the organization incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No	6c. If yes, is the organization exempt from federal income tax under <input type="checkbox"/> 501(c) (3), I.R.C. <input type="checkbox"/> 501(c) (12), I.R.C., Water, Wastewater Systems, 196.2002, F.S. <input type="checkbox"/> 115 (a), I.R.C. of 1954, Sewer and Water, 196.2001, F.S. Provide a copy of the current exemption determination letter from the Internal Revenue Service.
6b. If no, what is form of organization?	

7a. Is any of this property rented or leased? <input type="checkbox"/> Yes <input type="checkbox"/> No	7b. If yes attach a copy of all active rental and/ or lease contracts last year.
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8. Owner's statement of full value:

Real property improvements	\$	
Real property land	\$	
Tangible personal property	\$	

9. What is the property used for?

10. Is any portion of the above described property used for non-exempt purposes? Yes No (If yes attach detailed explanation)

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| B | Attachments You must attach the following information except when applying for exemption as an educational institution. |
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- (A) If incorporated, a copy of your articles of incorporation, or if not incorporated, a copy of your constitution, articles of association, declaration of trust or other document setting forth your aims and purposes. (Also, enclose any amendments thereto.)

 - (B) A statement indicating the salaries, fees, loans, commissions, gratuities or other compensation of any officer, director, trustee, member or stockholder of this organization.

 - (C) A statement indicating the guarantee of any loan to or obligation of any officer, director, trustee, member or stockholder of this organization.

 - (D) Any contracts between the applicant and any officer, director, trustee, member or stockholder of the applicant pertaining to:
 1. rendition of service, 2. provision of goods or supplies, 3. the management of the applicant, or 4. the construction or renovation of the applicant.

 - (E) A schedule of the following:
 1. salaries for the operation of the applicant; 2. services rendered to the applicant; 3. supplies and materials used by the applicant; 4. reserves for repair, replacement and depreciation of the property of the applicant; and 5. mortgage, lien, and encumbrance payments for the property of the applicant.

 - (F) A statement indicating the charges made by the applicant for its services.

 - (G) A statement indicating to what degree the proceeds of the sale, lease, or other disposition of the applicant's property will inure to the benefit of the members, directors, or officers of the applicant.

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| C | Hospitals, Nursing Homes, and Homes for Special Services | Organizations filing for exemption under any of these categories must include the following information in addition to completing Sections A & B. |
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1. Did you possess a valid license granted under Chapter 395 or 400, Florida Statutes, on January 1 of this year? Yes No

 2. Have you qualified under Section 501(c)(3) United States Internal Revenue Code 1954? Yes No

WHO MUST FILE? Any religious, literary, charitable, scientific organizations, hospitals, nursing homes, homes for special services; sewer, waste, wastewater systems not-for-profit corporations.

WHERE TO FILE? The application return must be filed with the County Appraiser in the respective county where the property is located.

WHEN TO FILE? Application or return must be filed each year on or before March 1.

ATTACHMENTS: Every attachment must show the name and address of the organization, the date, an identifiable heading, and that it is an attachment to Form DR-504.

Every organization applying or returning for exemption must complete Section A. Every organization, except educational institutions, must attach the information required in Section B. Hospitals, nursing homes, and homes for special services must complete Section C in addition to A and B.

I certify all information on this form and any attached statements, schedules, etc., are true and correct to the best of my knowledge as of January 1 of this year.

Signed _____ Date _____
 Title _____