

PLANNING AND DEVELOPMENT DEPARTMENT 2875
 BROWNS BRIDGE ROAD, GAINESVILLE, GA, 30504 MAILING
 ADDRESS: PO BOX 1435, GAINESVILLE, GA 30503 t: 770-531-6809 f: 770-531-3902



ZONING APPLICATION

Applicant (Name & Mailing Address)

Thumbs Up Mission
1242 Industrial Blvd.
Gainesville, GA 30501

Phone [REDACTED]
 Email Address miles@thumbsupmission.org

Property Owner (Name & Mailing Address)

Assemblage - see attached sheet

Phone _____
 Email Address _____

Proposed Use Retreat center for a non-profit organization that supports families battling cancer

Contact Person (Name & Mailing Address)

Brian Rochester
425 Oak St.
Gainesville, GA 30501

Phone 770-718-0600
 Email Address brochester@dccm.com

Status of Applicant

- Owner
- Option to Purchase
- Area Resident
- Other

Requested Action

Existing Zoning: AR-1
 Rezone to: PCD
 Fee: \$ _____
 Receipt #: _____
 Check #: _____

Tax Parcel Number 11065 000002, 11065 000012, & 11065 000023 Acreage approximately 55 acres
 Location Address 6245, 6249, & 0 Ben Parks Rd, Murrayville, GA 30564

I hereby certify that the above information and all attached information are true and correct.

Sign [Signature] Date: 2/04/2026

Applicant must complete all information above. Failure to complete this section will result in the refusal of the application. The Planning Department has 15 days to review all applications and will set the dates for each application. If the application is found insufficient, an agenda date will not be set until the required information is submitted. Please note that the Planning Commission and County Commission dates are tentative.

Application Withdrawal: I hereby withdraw the application.

Sign _____ Date: _____

Staff Use Only

Application Date: _____ Taken by: _____
 Tentative Planning Commission Date: _____ Tentative County Commission Date: _____
 County Commission District: _____

AUTHORIZATION OF PROPERTY OWNERS

Note: If the applicant is the property owner, please disregard this form.

Name of owner(s) David Jernigan & Keeley Dodd

Address 6259 & 0 Ben Parks Road

Murrayville, GA 30564

Phone Number _____

Name of applicant(s) Thumbs Up Mission

Address 1242 Industrial Blvd.

Gainesville, GA 30501

Phone Number [REDACTED]

I swear that I am the owner of the property which is the subject matter of the attached applications as shown in the records of Hall County, Georgia.

I authorize the person named above to act as applicant in the pursuit of a rezoning, permissive use, or variance of this property.

Signature of Owner(s)
[Handwritten Signature]

Personally appeared before me
David Jernigan

who swears that the information contained in this authorization is true and correct to the best of his/her knowledge and belief.

[Handwritten Signature]
Notary Public

02/04/2020
Date





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AUTHORIZATION OF PROPERTY OWNERS

Note: If the applicant is the property owner, please disregard this form.

Name of owner(s) The Wahoo Sanctuary, LLC. (James & Marci Knauss)

Address 6303 Ben Parks Rd. Murrayville, GA 30564

Phone Number James Knauss [REDACTED] Marci Knauss [REDACTED]

Name of applicant(s) Lewis Miles Coker for Keaton Franklin Coker Foundation aka/Thumbs Up

Address _____

Thumbsupmission.org

Phone Number Lewis Miles Coker [REDACTED]

I swear that I am the owner of the property which is the subject matter of the attached applications as shown in the records of Hall County, Georgia.

I authorize the person named above to act as applicant in the pursuit of a rezoning, permissive use, or variance of this property.

Signature of Owner(s)

Marci Knauss

Personally appeared before me

James Knauss & Marci Knauss

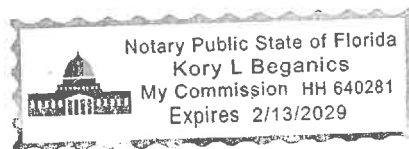
who swears that the information contained in this authorization is true and correct to the best of his/her knowledge and belief.

Kory L Beganics

Notary Public

Kory L Beganics

12/15/25
Date





BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: The Wahoo Sanctuary, LLC	Control Number: 21251245
Business Type: Domestic Limited Liability Company	Business Status: Active/Owes Current Year AR
NAICS Code: Any legal purpose	NAICS Sub Code:
Principal Office Address: 6249 Ben Parks Road, Murrayville, GA, 30564, USA	Date of Formation / Registration Date: 9/21/2021
State of Formation: Georgia	Last Annual Registration Year: 2025

REGISTERED AGENT INFORMATION

Registered Agent Name: **James Knauss**
Physical Address: **6249 Ben Parks Road, Murrayville, GA, 30564, USA**
County: **Hall**

Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code

(00)

OMB No. 1545-0056

Note: If exempt status is approved, this application will be open for public inspection.

▶ (Use with the June 2006 revision of the Instructions for Form 1023 and the current Notice 1382)

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document)		2 c/o Name (if applicable)	
The Keaton Franklin Coker Foundation, Inc.			
3 Mailing address (Number and street) (see instructions)		Room/Suite	4 Employer Identification Number (EIN)
1242 Industrial Blvd.			
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 - 12)	
Gainesville, GA 30501		12	
6 Primary contact (officer, director, trustee, or authorized representative)		b Phone:	
a Name: Miles Coker, Director			
		c Fax: (optional)	
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a Organization's website: www.thumbsupmission.com			
b Organization's email: (optional) contact@thumbsupmission.com			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		09 / 09 / 2014	
12 Were you formed under the laws of a foreign country? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by: _____

Name _____

Telephone _____

Function _____

Date / / _____

▶ Information about Form 2848 and its instructions is at www.irs.gov/form2848.

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address The Keaton Franklin Coker Foundation, Inc. 1242 Industrial Blvd. Gainesville, GA 30501	Taxpayer identification number(s) <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Daytime telephone number (770) 654-6783
Plan number (if applicable)	

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address Curtis S. Collins, 4209 Oakwood Rd, Suite 10, Oakwood, GA 30566	CAF No. 6500-29590r PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	
Name and address _____	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Check if to be sent copies of notices and communications <input type="checkbox"/>	
Name and address _____	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
(Note. IRS sends notices and communications to only two representatives.)	
Name and address _____	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
(Note. IRS sends notices and communications to only two representatives.)	

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete this line 3). With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
501 (c)(3) application	Form 1023	

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific Use Not Recorded on CAF

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

- Authorize disclosure to third parties;
 Substitute or add representative(s);
 Sign a return; _____

 Other acts authorized: _____

Georgia Department of Revenue

REGISTRATION AND LICENSING

P.O. BOX 105499

ATLANTA, GA 30348-5499

Telephone: (877) 423-6711



aL026

Ronald Johnson Jr., Director, Taxpayer Services Division

Lynnette T. Riley, State Revenue Commissioner



XNGD1TZF 000442

THE KEATON FRANKLIN COKER FOUNDATION INC

1242 INDUSTRIAL BLVD

GAINESVILLE GA 30501-6563



Letter ID:

Issued Date:

WTN:

23-Nov-2015

Re: GEORGIA STATE WITHHOLDING TAX REGISTRATION

You are receiving this letter because the Georgia Department of Revenue has completed the registration of your business for the collection and remittance of Withholding Tax. Please keep this letter for reference only.

Legal Business Name: THE KEATON FRANKLIN COKER FOUNDATION INC

Doing Business As (DBA): THUMBS UP MISSION

Location Address: 1242 INDUSTRIAL BLVD
GAINESVILLE, GA 30501-6563

Federal Employer Identification Number (FEIN): [REDACTED]

Withholding Number: 3197067-VA

Filing Frequency: Quarterly
Payment Frequency: Monthly

Electronic filing and payment are available online with Georgia Tax Center (GTC) at <https://gtc.dor.ga.gov>.

This is the Department's online self-service portal and preferred method of payment and filing. Instructional videos are available at <http://www.gataxinfo.org> to assist with registration and other functionality. Otherwise, coupons are available on our website at <http://www.etax.dor.ga.gov>.

Returns are required even if you do not have withholding to report for that period. The State of Georgia will assess penalty and interest on a return or payment received after the due date.

Please use our self-service portal at <https://gtc.dor.ga.gov> if there are any changes relating to this business including the following: (1) Business closed; (2) Change in ownership; (3) Change of mailing address; (4) Change DBA name and (5) Change of Responsible Party.

If you need additional information, please contact Registration and Licensing at (877) 423-6711 or by email to TSD-Withholding-Lic@dor.ga.gov.

Registration and Licensing Unit

XNGD1TZF 000442 NNNNNNNNNN NNN NNN 001 001 320093932116

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CAMPAIGN CONTRIBUTIONS DISCLOSURE FORM

This form must be completed by the applicant and property owner, or person representing the property owner, for all zoning actions.

OCGA § 36-67A-3[C] Disclosure of campaign contributions:

(b) When any applicant for zoning action has made, within two years immediately preceding the filing of the applicant's application for the zoning action, campaign contributions aggregating \$250.00 or more to a local government official who will consider the application, it shall be the duty of the applicant to file a disclosure report with the governing authority of the respective local government showing:

(3) The name and official position of the local government official to whom the campaign contribution was made; and

(4) The dollar amount and description of each campaign contribution made by the applicant to the local government official during the two years immediately preceding the filing of the application for the rezoning action and the date of each such contribution.

(b) The disclosures required by subsection (a) of this Code section shall be filed within ten days after the application for the zoning action is first filed. (Code 1981, Section OCGA § 36-67A-3[C], enacted by GA L. 1986, page 1269, Section 1, GA L. 1991, page 1365, Section 1).

I hereby certify that I have read the above and that:

I have** _____ I have not

within the two years immediately preceding this date, made any contribution(s) aggregating \$250.00 or more to any local government official involved in the review or consideration of this application.

****If you have made such contributions, you must provide the data required below within ten (10) days of filing this application.**

Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: *Miles Coker*

Date: 2/04/2026

Applicant's/Owner's Name (Printed): Miles Coker o/b/o Thumbs Up Mission

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 - (3) The name and official position of the local government official to whom the campaign contribution was made; and
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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature:  _____

Date: 02-11-2016

Applicant's/Owner's Name(Printed): David Jernigan and/or Keeley Dodd

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**If you have made such contributions, you must provide the data required below within ten (10) days of filing this application.

Name of Official(s): _____ Office: _____

Dollar Amount: _____ Date of Contribution: _____

Applicant's/Owner's Signature: Marci Krauss Date: _____

Applicant's/Owner's Name (Printed): Marci Krauss, James F. Krauss