

Arkansas Secretary of State

John Thurston

1401 W. Capitol, Suite 250, Little Rock, AR 72201 501-682-3409 • www.sos.arkansas.gov

2024 ANNUAL REPORT FOR NONPROFIT CORPORATION

Report Due August 1st

Pursuant to A.C.A. § 4-33-131

	File Online Too	lay at www.sos.arkans	sas.gov Filin	g Number:	
1. Name of the Nonprofit Corpora	ation:				
2. Jurisdiction of incorporation (S	tate or foreign country) und	der whose laws the corporati	on was incorpora	ated :	
3. Name of Registered Agent for	Service of Process:				
Address for Registered Agent, physical address in the State of	MUST be a				
City:		State	:	Zip:	
E-mail (optional):			Phone (optional):		
4. Address for Corporation's Prin	cipal Office:				
City:		State	o:	Zip:	
E-mail (optional):			e (optional):		
5. Names of Principal Officers:		Addresses of Principal (Officers:		
6. Names of Board of Directors (minimum of 3 persons):		Addresses of Board of Directors:			
	-	nal officers or directors on pa	ige 2, if needed.		
7. Annual Report Contact Name	and Address (if different th	an above):			
Address:					
City:		State	e:	Zip:	
8. Is this entity registered with the	e IRS as an exempt organi	zation? (optional)			
If yes, what type of exemption	status is held? (optional)				
I understand that knowingly signi misdemeanor and is punishable	ing a false document with t	he intent to file with the Arka	nsas Secretary o		
Executed this	day of		20		



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5. Names of Principal Officers:	Addresses of Principal Officers:
6. Names of Board of Directors:	 Addresses of Board of Directors:
-	
-	