

Arkansas Secretary of State

John Thurston

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

2022 ANNUAL REPORT FOR NONPROFIT CORPORATION

Report Due August 1st

Pursuant to A.C.A. § 4-33-131

Name of the Nonprofit Co		uay at www.sos.arkansas.gov		
		nder whose laws the corporation was inco		
Name of Registered Ager Address for Registered Ager	It for Service of Process:gent, MUST be a			
			Zip:	
			:	
4. Address for Corporation's	Principal Office:			
City:		State:	Zip:	
E-mail (optional):		Phone (optional)	Phone (optional):	
5. Names of Principal Officers:		Addresses of Principal Officers:		
6. Names of Board of Direct (minimum of 3 persons):	ors	Addresses of Board of Directors:		
	NOTE: Include any addition	onal officers or directors on page 2, if nee	ded.	
7. Annual Report Contact Na	ame and Address (if different the	han above):		
Address:				
City:		State:	Zip:	
8. Is this entity registered with	th the IRS as an exempt organ	nization? (optional)		
If yes, what type of exemp	otion status is held? (optional)			
		the intent to file with the Arkansas Secre		
		, 20		



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Please list any additional Principal Officers or Board of Directors below:				
5. Names of Principal Officers:		Addresses of Principal Officers:		
6. Names of Board of Directors:		Addresses of Board of Directors:		
				