



Arkansas Secretary of State

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201
501-682-3409 • www.sos.arkansas.gov

(Circle year this report is for) 2008 2009 2010 2011 2012 2013 2014

ANNUAL REPORT FOR NONPROFIT CORPORATION

Report Due August 1st

File Online Today at www.sos.arkansas.gov

1. Name of the Nonprofit Corporation: _____

2. State or foreign country under whose laws the corporation was incorporated: _____

3. Name of Registered Agent for Service of Process: _____

Address for Registered Agent, **MUST** be a
physical address in the State of Arkansas: _____

City: _____ State: _____ Zip: _____

E-mail (optional): _____ Phone (optional): _____

4. Address for Corporation's Principal Office: _____

City: _____ State: _____ Zip: _____

E-mail (optional): _____ Phone (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:

NOTE: Include any additional officers or directors on page 2, if needed.

7. Annual Report Contact Name and Address (if different than above): _____

Address: _____

City: _____ State: _____ Zip: _____

8. Is this entity registered with the IRS as an exempt organization? (optional) _____

If yes, what type of exemption status is held? (optional) _____

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Executed this _____ day of _____, 20_____.

Signature and Title of Authorized Director or Officer

Printed Name of Authorized Director or Officer



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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:
