



Arkansas Secretary of State

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

Appointment of Agent to Receive Service of Process for Nonprofit Association

(Please Type or Print)

Name of Nonprofit Association: _____

Federal tax Identification Number (if any): _____

Address: _____

Name and street address of person authorized as agent to receive service of process:

I, _____, do hereby appoint the above-stated person as agent to receive service of process. I am authorized to manage the affairs of the nonprofit association.

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.

Authorizing Officer (Type or Print) _____

Authorized Signature _____

Date _____

I, _____, do hereby accept this appointment as agent to receive service of process.

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.

Signature _____

Date _____