**Arkansas Secretary of State** 



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

## 2017 ANNUAL REPORT FOR NONPROFIT CORPORATION

Report Due August 1<sup>st</sup>

Pursuant to A.C.A. § 4-33-131

File Online Today at www.sos.arkansas.gov

<b>1.</b> Name of the Nonprofit Corpo	ration:				
2. Jurisdiction of incorporation (	State or foreign country) unde	er whose laws the cor	poration was inc	orporated :	
<ol> <li>Name of Registered Agent for Address for Registered Agen physical address in the State</li> </ol>					
City:			State:	Zip:	
E-mail (optional):			Phone (optional	):	
4. Address for Corporation's Pri	incipal Office:				
City:			State:	Zip:	
E-mail (optional):			Phone (optional	):	
5. Names of Principal Officers:		Addresses of Prin	cipal Officers:		
6. Names of Board of Directors (minimum of 3 persons):		Addresses of Boa	Addresses of Board of Directors:		
	NOTE: Include any additiona	al officers or directors	on page 2, if nee	eded.	
7. Annual Report Contact Name	e and Address (if different tha	in above):			
			State:	Zip:	
8. Is this entity registered with the	he IRS as an exempt organiza	ation? (optional)			
If yes, what type of exemptio	n status is held? (optional)				
I understand that knowingly sig misdemeanor and is punishable	ning a false document with th			etary of State is a Class C	
Executed this	day of		, 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:
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	-	
	_	
	-	
	_	
6. Names of Board of Directors:		Addresses of Board of Directors:
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	-	
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