



Arkansas Secretary of State

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

2019 ANNUAL REPORT FOR NONPROFIT CORPORATION

Report Due August 1st

Pursuant to A.C.A. § 4-33-131

File Online Today at www.sos.arkansas.gov

1. Name of the Nonprofit Corporation: _____

2. Jurisdiction of incorporation (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 and Title of Authorized Director or Officer

Rev. 12/24



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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:
