



Cole Jester, Arkansas Secretary of State

# AMENDED CORPORATION FRANCHISE TAX REPORT 2025

## Non-Stock Corporation

For year ending 12/31/2024

Sign in black ink and mail to the address listed below.

**1. Business Name and Address:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**4. Principal Office Information (in Arkansas):**

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**5. Current Names of Corporate Governors:**

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Controller: \_\_\_\_\_

Tax Preparer: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

**2. Correct any of the below information, if needed:**

Tax Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone # of Tax Contact: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**ALL INFORMATION IN SECTIONS  
3-5 BELOW REQUIRED**

**3. Registered Agent Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**CORPORATIONS WITHOUT AUTHORIZED STOCK PAY \$300.00**

I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Day) (Month) (Year)

Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
Must be printed in black ink by: Pres., Vice Pres., Sec., Treas., Cont., or Tax Preparer Must be signed in black ink by: Pres., Vice Pres., Sec., Treas., Cont., or Tax Preparer