

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) unde	er whose laws the c	orporation was inco	rporated :
3. Name of Registered Agent for Serv. Address for Registered Agent, MU S physical address in the State of Ark	ST be a			
City:				Zip:
E-mail (optional):				
4. Address for Corporation's Principal	Office:			_
City:			State:	Zip:
E-mail (optional):				
5. Names of Principal Officers:		Addresses of Principal Officers:		
6. Names of Board of Directors				
(minimum of 3 persons):		Addresses of Bo	pard of Directors:	
NOTI 7. Annual Report Contact Name and	E: Include any additiona			
Address				
City:			State:	Zip:
8. Is this entity registered with the IRS	as an exempt organiz	ation? (optional)		_
If yes, what type of exemption statu I understand that knowingly signing a misdemeanor and is punishable by a	false document with th	e intent to file with t	he Arkansas Secret	
Executed this	day of		, 20	



Arkansas Secretary of State

Cole Jester

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Please list any additional Principal Officers or Board of Directors below:				
5. Names of Principal Officers:		Addresses of Principal Officers:		
	_			
	<u></u>			
6. Names of Board of Directors:		Addresses of Board of Directors:		
	_			
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