

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

2024 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 Corp	poration:			
2. Jurisdiction of incorporation	n (State or foreign country) und	der whose laws the co	orporation was incorpo	rated :
3. Name of Registered Agent Address for Registered Ag physical address in the Sta				
City:			State:	Zip:
E-mail (optional):			Phone (optional):	
4. Address for Corporation's	Principal Office:			
City:				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 addition	nal officers or director	s on page 2, if needed	
7. Annual Report Contact Na	me and Address (if different tha	an above):		
Addroop:				
			State:	Zip:
8. Is this entity registered with	n the IRS as an exempt organiz	zation? (optional)		
If yes, what type of exemp	tion status is held? (optional)			
I understand that knowingly s	signing a false document with the	he intent to file with the d/or imprisonment up	he Arkansas Secretary to 30 days.	of State is a Class C
Executed this	day of		, 20	<u>_</u> .



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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