



# Arkansas Secretary of State

## John Thurston

1401 W. Capitol, Suite 250, Little Rock, AR 72201

501-682-3409 • www.sos.arkansas.gov

### APPLICATION FOR FOREIGN NONPROFIT CORPORATION SEEKING AUTHORIZATION TO DO BUSINESS IN ARKANSAS

(PLEASE TYPE OR PRINT CLEARLY IN INK)

Pursuant to Act 1147 of 1993 and Arkansas Code Annotated § 4-33-1501, the undersigned Foreign Nonprofit Corporation submits the following:

- 1a. The name of the corporation is: \_\_\_\_\_
- 1b. If the corporation is doing business in this state under another name, please state: \_\_\_\_\_
- 2. The state, territory, or foreign country under whose laws the corporation was incorporated is: \_\_\_\_\_
- 3. The date of incorporation is: \_\_\_\_\_
- 4. The period of duration is: \_\_\_\_\_
- 5. The address of its principal office or place of business is: \_\_\_\_\_

Street Address

City

State

ZIP Code

- 6. The name and address of its registered agent for service of process in Arkansas is:  
Name: \_\_\_\_\_

Street Address

City

State

ZIP Code

- 7. The names and addresses of the corporation's current directors are:

Name

Street Address

City

State

ZIP Code

Name

Street Address

City

State

ZIP Code

Name

Street Address

City

State

ZIP Code

- 8. Check the box if the corporation has members.

- 9. Had this corporation been incorporated in Arkansas, check the appropriate box to indicate what type of corporation it would have been: (A.C.A. § 4-32-1707)

Public-Benefit Corporation

Mutual-Benefit Corporation

Religious Corporation

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 \_\_\_\_\_, \_\_\_\_\_.

Signature of Presiding Director or Officer

Presiding Director or Officer (Type or Print)

An original certificate of existence from the state of origin, dated in the past 30 days, must accompany the application.



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## Annual Report – Contact Information Nonprofit

PLEASE TYPE OR PRINT CLEARLY IN INK

JURISDICTION (SELECT ONE)

DOMESTIC

FOREIGN

In order for this entity to receive its annual reporting form, please complete and file with the Office of the Secretary of State at the time of filing.

\_\_\_\_\_  
Entity name as used in Arkansas

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Street Address or Post Office Box Number

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

\_\_\_\_\_  
Telephone Number

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

**NOTE:** Annual Reports will be due on or before August 1<sup>st</sup> the year following filing or qualification in this state.

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Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Authorized Officer (Type or Print)