

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY NONPROFIT CORPORATION (ss-4434)



Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL.
Nashville, TN 37243-1102
(615) 741-2286
Filing Fee: \$20.00

For Office Use Only

Pursuant to the provisions of T.C.A. § 48-65-104 of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby applies for an amended certificate of authority to transact business or conduct affairs in the State of Tennessee, and for that purpose sets forth:

1. The name of the corporation is: _____
If different, the name under which the certificate of authority is to be obtained is: _____

2. The state or country under whose law it is incorporated is: _____

3. The date of its incorporation is ____/____/____ and the period of duration, if other than perpetual, is ____/____/____
Month Day Year Month Day Year

4a. The complete street address of its principal office is: Change
Physical Street Address: _____
City: _____ State: _____ Zip Code: _____

4b. The mailing address (if different from the physical street address) is:
Mailing Street Address: _____
City: _____ State: _____ Zip Code: _____

5. The name and complete address of the registered agent and office located in the state of Tennessee is: Change
Registered Agent name: _____
Address: _____
City: _____ State: TN Zip Code: _____ County: _____

6. List the names and complete business addresses of each of its current officers: (Attach separate sheet if necessary.)
Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____

7. List the names and complete business addresses of its current board of directors: (Attach separate sheet if necessary.)
Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____

8. Please mark the applicable box: The corporation has members. The corporation does not have members.

9. If applicable, this corporation has the additional designation of: _____

10. The corporation is a nonprofit corporation.

11. Please mark the applicable box:
If the corporation had been incorporated in Tennessee, it would be: a public benefit corporation, or a mutual benefit corporation.

10. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
(Not to exceed 90 calendar days) Effective Date: ____/____/____ Time: _____
Month Day Year

NOTE: This application must be accompanied by a certificate of existence or a document of similar import (for example, a certificate of good standing) duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law it is formed. The certificate shall not bear a date of more than two (2) month prior to the date the application is successfully filed in Tennessee.

Signature Date

Signer's Capacity

Signature

Name (printed or typed)

***Note: Pursuant to T.C.A. § 10-7-503 all information on this form is public record.**