



# CHARITABLE ORGANIZATION REGISTRATION STATEMENT

## CONSUMER PROTECTION

501 Washington Avenue  
Post Office Box 300152  
Montgomery, Alabama 36130-0152

Telephone: (334) 242-7335  
Fax: (334) 353-8400  
www.alabamaag.gov

1. Identify the legal name of the applicant: \_\_\_\_\_
2. Identify all other names under which the applicant will solicit funds: \_\_\_\_\_  
\_\_\_\_\_
3. Identify the business address applicant: \_\_\_\_\_  
\_\_\_\_\_
4. Identify the mailing address of the applicant: \_\_\_\_\_  
\_\_\_\_\_
5. If the applicant does not maintain an office, list the name and address of the person having custody over the financial records of the applicant.  
\_\_\_\_\_  
\_\_\_\_\_
6. Identify the telephone number applicant: \_\_\_\_\_
7. Identify the e-mail address of the applicant: \_\_\_\_\_
8. Identify the website of the applicant: \_\_\_\_\_
9. List the business addresses of any offices in Alabama maintained by the applicant (use additional sheets if necessary):  
\_\_\_\_\_  
\_\_\_\_\_
10. List the names, residential addresses, and telephone numbers of all officers, directors, trustees, and executive personnel for the applicant (attach on additional sheets).
11. Identify the business structure of the applicant, e.g., corporation, partnership, sole proprietorship, L.L.C., or other business entity:  
\_\_\_\_\_
12. Identify the State in which the applicant was formed and the date of formation:  
\_\_\_\_\_
13. Identify the date of the fiscal year-end for the applicant:  
\_\_\_\_\_

14. Identify whether the applicant has applied for or been granted IRS tax-exempt status. If Yes, provide the date of the application or the date of the determination letter.

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15. If applicable, identify the subsection of 501(c) under which the applicant qualifies:

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16. Identify whether contributions to the applicant are tax deductible:

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17. Identify whether the tax-exempt status of the applicant has ever been denied, revoked, or modified. If Yes, explain why.

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18. Identify the purposes for which the applicant is organized, e.g., charitable, cultural, or business:

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19. Identify the purposes for which the contributions to be solicited will be used:

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20. Identify whether the applicant or any of its officers, directors, employees, or fundraisers have

- A. Been enjoined by any court from soliciting contributions \_\_\_\_\_
- B. Been the subject of a proceeding regarding any solicitation or registration; \_\_\_\_\_
- C. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency \_\_\_\_\_

*Note: If Yes to A, B, or C, provide an explanation on an additional sheet.*

21. Identify whether the applicant has registered with or obtained exemption from any State or agency. Attach a list of applicable States and agencies on a separate sheet if necessary.

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22. Identify whether the applicant has solicited funds in any State. If Yes, attach a list of States on an additional sheet. \_\_\_\_\_

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23. List the names and residential addresses of any professional fundraisers and commercial co-venturers who are acting or have agreed to act on behalf of the applicant. Attach additional sheets if necessary.

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24. If applicable and if the applicant is filing an initial registration, provide the following on additional sheets:
- A. A copy of the charitable organizational charter of the applicant;
  - B. A copy of the articles of organization or incorporation of the applicant;
  - C. A copy of any agreement of association, instrument of trust, constitution, or other organizational instrument;
  - D. A copy of the bylaws adopted by the applicant;
  - E. A copy of a statement setting forth the place where and the date when the applicant was legally established, the business structure of the applicant, and the tax-exempt status as evidenced by federal or state tax-exemption determination letters.

*The applicant must file with the Attorney General a Notice of Non-Renewal for Charitable Organizations if and when it chooses not to renew its Registration Statement and plans to discontinue charitable activities in Alabama.*

# CERTIFICATION

I, \_\_\_\_\_,  
certify that the information on this document and in any attachments is true and correct. I further certify  
that I am authorized to submit this form on behalf of \_\_\_\_\_.

I also understand that I am under a continuing obligation to notify the Office of the Attorney  
General of any change in the information provided.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PHONE

*This Application must be accompanied by: an annual license fee in the amount of twenty five dollars (\$25) payable to the Alabama Attorney General's Office. Fees must be paid at the time of registration (and upon annual renewal).*

STATE OF \_\_\_\_\_ )  
\_\_\_\_\_ COUNTY )

Before me, the undersigned authority, a Notary Public, in and for said State and County,  
personally appeared \_\_\_\_\_, who, after being first duly sworn before  
me, deposes on oath and says that he/she has read this instrument, has been advised of and understands  
its nature and effect, and that the facts contained therein are true and correct to the best of his/her  
knowledge and belief.

Sworn to and subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

[Notary Seal]

NOTARY PUBLIC \_\_\_\_\_

My Commission Expires: \_\_\_\_\_