STATE of WASHINGTON SECRETARY of STATE

Corporations Division • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234 • 360/725-0377 • Fax 360/664-0055

NONPROFIT CORPORATE ANNUAL REPORT / FILING FEE $10.00

☐ **TO AVOID AUTOMATIC DISSOLUTION/ REVOCATION YOU MUST FILE AN ANNUAL REPORT BY .**

Corporate Name and Registered Agent / Office Address

Unified Business ID # :

State of Incorporation : WA

Inc. / Qual. Date :

If there has been a **change in registered agent or registered office address** include the effective date and the new agent's signature signifying acceptance of the appointment or the new address.

New Registered Agent's Name _____ New Agent's **Consent to Appointment**_____
(*Please Type or Print*) (*Signature of newly appointed Agent*)

New Registered Office Address _____ City_____**WA**_____ Effective Date_____
(*Street Address*) (*zip code*)

Post Office Box _____ City_____**WA**_____

Please Note: A Post Office Box may only be used in conjunction with a physical street address.

ANNUAL REPORT SECTION – * MUST BE COMPLETED IN FULL EACH YEAR* - TYPE OR PRINT IN BLACK INK
CHAPTER 24.03 RCW

***Address of the Principal Place of Business** _____
(*Include Street, City, State & zip*)

Telephone Number of Corporation (_____)_____Email:_____

***Briefly describe the nature of business or affairs the non-profit corporation is conducting in Washington**

_____

List **NAMES AND ADDRESS(S)** of all corporate officers and directors. (*attach additional list, if needed*)

***President**_____
Name Address City State Zip

***Vice-Pres**_____
Name Address City State Zip

***Secretary**_____
Name Address City State Zip

***Treasurer**_____
Name Address City State Zip

***Directors**_____
Name Address City State Zip

***Directors**_____
Name Address City State Zip

_____
(Signature of officer) ***(Type or Print Name and Title)*** ***(Date)***

Document must be signed by an officer as listed above.
President and Secretary cannot be the same person.

NPREPORT 12/09

Print Form