



Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Website: *Corporations.Alaska.Gov*

Notice of Change of Sole Official

Domestic Religious Corporation (AS 10.40)

- This Notice of Change of Officials form is used to report the successor of the individual representing the Religious Corporation in the official capacity designated in the articles of incorporation. To verify the entity's official (title and individual), go online to *www.Corporations.Alaska.Gov* and select, *Search Corporations Database*.
- Submit this filing hardcopy, along with its payment, via fax or U.S. Mail.
 - Tip: if faxing, print a confirmation page from your fax machine that all pages were successfully faxed.
- For security reasons, DO NOT EMAIL forms and/or payments.
- **Processing Time:** Standard processing time from March-September is 10-15 business days. During heavy filing seasons, October-February, the processing time will be delayed.

1. Important: Successor upon death, resignation, or removal

AS 10.40.110 and AS 10.40.120

AS 10.40.110. Succession to property upon death, resignation, or removal of person incorporated as corporation sole.

In the event of the death or resignation of the archbishop, bishop, president, trustee in trust, president of stake, president of congregation, overseer, presiding elder, or member of the clergy, who has formed a corporation under this chapter, or such a person's removal from office by the person or body having removal authority, the successor in office as the corporation sole is vested with the title of all property held by the successor's predecessor with the same power and authority over the property, subject to all the legal liabilities and obligations with reference to the property. The successor shall record in the office of each recording district in which the corporation owns real property a certificate of the successor's commission or certified copy of a letter of election or appointment.

AS 10.40.120. Succession to property on death, resignation, or removal of person not incorporated as corporation sole.

Upon the death, resignation, or removal of an archbishop, bishop, president, trustee in trust, president of stake, president of congregation, overseer, presiding elder, or member of the clergy, who at the time of death, resignation, or removal was holding the title to trust property for the use or benefit of a church or religious society and not incorporated under this chapter as a corporation sole, the title to all property held by that person does not revert to the donor nor pass to the heirs of the deceased person, but is in abeyance until a successor is appointed to fill the vacancy. Upon the appointment of the successor the title of all the property held by the predecessor immediately vests in the person appointed to fill the vacancy.

2. Fee:

\$25 Nonrefundable Filing Fee (CORF)

3 AAC 16.070(b)

Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.

3. Entity Information:

AS 10.40.080

Entity Name: _____

Alaska Entity Number: _____

4. REMOVE from Record:	AS 10.40.110 or AS 10.40.120
<p>The following individual is removed as a result of death, resignation, or removal:</p> <p>Name: _____</p> <p>Reason for removal: <input type="checkbox"/> Death <input type="checkbox"/> Resignation <input type="checkbox"/> Removal</p>	

5. ADD Successor to Record:	AS 10.40.020 and 10.40.080
<p>The following is the individual successor of the sole official for this religious corporation.</p> <p>Per AS 10.40.020, an archbishop, bishop, president, trustee in trust, president of stake, president of congregation, overseer, presiding elder, or clergyman, of a church or religious society who has been chosen, elected or appointed, in conformity with the constitution, canons, rites, regulations, or discipline of the church or religious society, and in whom is vested the legal title to the property of the church or religious society.</p> <p>Full Legal Name _____</p> <p>Full Legal Official Title: _____</p> <p>Mailing Address: _____</p> <p style="text-align: center;"><i>Mailing Address City State ZIP Code+4</i></p>	

6. Required Signature:	AS 10.40.080
<p>The Notice of Change of Sole Official must be signed by the individual representing the religious corporation in the official capacity designated in the articles of incorporation, and sealed with the seal of the corporation.</p> <p>Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Printed Name: _____</p> <p>Title of Authorized Signer: _____</p> <div style="border: 1px dashed black; padding: 10px; width: fit-content; margin-left: auto; margin-right: auto;"> <p style="text-align: center;">Corporate Seal</p> <p style="text-align: center;">(mandatory)</p> </div>	



THE STATE
of **ALASKA**

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

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FOR DIVISION USE ONLY

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Contact Information

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

Entity Information		Enter your entity information as it appears on this filing.	
Entity Name:			
AK Entity #:			

Contact Person		Whom may we contact with any questions or problems with this filing?	
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:
Phone:			
Email:			

Document Return Address		Provide an address for the return of your filed documents.	
<input type="checkbox"/> Return my filings to the address provided ABOVE			
<input type="checkbox"/> Return my filings to this address provided BELOW			
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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