



THE STATE
of **ALASKA**

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

CORP

FOR DIVISION USE ONLY

Corporations Section

PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: Corporations@Alaska.Gov
Website: www.Corporations.Alaska.Gov

Change of Registered Agent (Statement of Change)

Domestic Religious Corporation (AS 10.40)

- This Change of Registered Agent form is only for Domestic Religious Corporations.
- The Change of Registered Agent will not be filed if the official signing this form does not match an official on record for this entity and/or if your entity’s biennial report is not current. To verify your entity information on record, go online to www.Corporations.Alaska.Gov, Search Corporations Database
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State’s website.
- 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.

Important: Per AS 10.40.130, each Domestic Religious Corporation shall (must) continuously (without interruption) maintain in this state (Alaska) a registered agent AND a registered office (with an Alaskan physical location and an Alaskan mailing address) for the purpose of a registered agent’s statutory requirements to receive service of processes, notices, or demands required or permitted by law to be served upon the religious corporation.

Failure to meet registered agent requirements could result in involuntary dissolution of the entity’s authority to transact business in the State of Alaska. — AS 10.40.150(a)(2)

For more registered agent information go to www.Corporations.Alaska.Gov, Registered Agents FAQs.

PART I		Payment of Fees	<i>3 AAC 16.070(b)</i>
Required Fees:	<input type="checkbox"/> Nonrefundable Filing Fee		\$25.00

PART II		Entity Information on Record with the State	<i>AS 10.40.080</i>
Entity Name:			
Alaska Entity Number:			

PART III Required Statement

The current/previous Registered Agent and addresses are on record with this Division and are publicly available online in the entity's corporate record at www.Corporations.Alaska.Gov, click Search Corporations Database.

PART IV NEW Registered Agent Information to be Updated with the State AS 10.40.130

New Registered Agent Name (Required):	(Per AS 10.40.130, this must be an individual)		
New Registered Agent Physical Address (Required):	Street		
	City	State Alaska	Zip
New Registered Agent Mailing Address (Required):	P.O. Box or Street		
	City	State Alaska	Zip

PART V Authorization per Alaska Statute

The registered agent change was authorized by the religious corporation. The religious corporation is to keep and make available the record of the resolution.

PART VI Signature*AS 10.40.080*

Change of Registered Agent 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. 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.

Corporate Seal	Printed Name:	
	Signature:	
	Title of Authorized Signer:	
	Date Signed:	



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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.

PART I Entity Information

Enter your entity information as it appears on this filing.

Entity Name:

Alaska Entity Number:

PART II Contact Information

Whom may we contact with any questions or problems with this filing?

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip

Email Address:

Phone Number:

PART III Document Return Address

- Return my filings to the address provided ABOVE.
 Return my filings to this address provided BELOW:

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

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: _____

Profession Type (e.g., Acupuncture): _____

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 (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

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Credit Card Payment Form (all major cards accepted)

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

1. Credit Card Number: _____

2. Expiration Date: _____

3. Security Code: _____

All 3 fields MUST be completed!

This section will be destroyed after the payment is processed.