THE STATE of ALASKA

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

COR

FOR DIVISION USE ONLY

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
Email: *corporations@alaska.gov*
Website: *Corporations.Alaska.Gov*

Notice of Change of Officials

Domestic Non-Profit Corporation (AS 10.20)

- This Notice of Change of Officials form is only for Domestic Non-Profit Corporations and is used to report changes in officers and directors between biennial reporting periods.
- The Notice of Change of Officials 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 and current officials information on record, go online to 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.

1. Important: AS 10.20.631

Each Domestic Non-Profit Corporation is required to notify this office when there is a change of officials.
— *AS 10.20.631*

Failure to meet this requirement may result in involuntary dissolution of the entity's authority to transact business in the State of Alaska.
— *AS 10.20.325(7)*

The Domestic Non-Profit Corporation is to keep and make available the records of the official(s) changes.
— *AS 10.20.131*

2. Fee: ☐ $25 Nonrefundable Filing Fee (CORF) 3 AAC 16.050(c)

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:

Entity Name: _____

Alaska Entity Number: _____

IMPORTANT: Non-Profit Corporations must have a President, Vice-President, Secretary, Treasurer, and at least three Directors. Two of more offices may be held by the same person, except the offices of President and Secretary which cannot be the same person. — *AS 10.20.086 and AS 10.20.121*

4. Officials Changing: (only list officials whose information is changing) AS 10.20.631(b)

a. If applicable, list the resigning official's name whose information will be removed from the record.
b. List the updating or new official's information which will be placed on record.

Changing Official #1

a. Resigning Official's Name: (if applicable) _____

b. Updating or New Official's Name: _____

Mailing Address: Address: _____

City: _____ State: _____ ZIP: _____

Check all that apply: ☐ President ☐ Vice President ☐ Secretary ☐ Treasurer
☐ Assistant Secretary ☐ Assistant Treasurer
☐ Director ☐

Changing Official #2

a. Resigning Official's Name: (if applicable) _____

b. Updating or New Official's Name: _____

Mailing Address: Address: _____

City: _____ State: _____ ZIP: _____

Check all that apply: ☐ President ☐ Vice President ☐ Secretary ☐ Treasurer
☐ Assistant Secretary ☐ Assistant Treasurer
☐ Director ☐

→ For additional changing officials, continue listing them on the attached form 08-446a. Make copies as necessary.

5. Required Signature: AS 10.20.631(b) and AS 10.20.650

The Notice of Change of Officials must be signed by an officer of the non-profit corporation. A director is not an authorized signer. 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.

Signature: _____ Date: _____

Printed Name: _____

Title of Authorized Signer: _____

Notice of Change of Officials Supplement

If used, this supplement must be returned with Form 08-446

Entity Name: _____

Alaska Entity Number: _____

Additional Changing Official

a. Resigning Official's Name: (if applicable) _____

b. Updating or New Official's Name: _____

Mailing Address: Address: _____

City: State: ZIP: _____

Check all that apply: ☐ President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Assistant Secretary ☐ Assistant Treasurer ☐ Director ☐

Additional Changing Official

a. Resigning Official's Name: (if applicable) _____

b. Updating or New Official's Name: _____

Mailing Address: Address: _____

City: State: ZIP: _____

Check all that apply: ☐ President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Assistant Secretary ☐ Assistant Treasurer ☐ Director ☐

Additional Changing Official

a. Resigning Official's Name: (if applicable) _____

b. Updating or New Official's Name: _____

Mailing Address: Address: _____

City: State: ZIP: _____

Check all that apply: ☐ President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Assistant Secretary ☐ Assistant Treasurer ☐ Director ☐

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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.
☐ Return my filings to the address provided **ABOVE**	
☐ Return my filings to this address provided **BELOW**	
Company:	
Contact:	
Mailing Address:	Address:
	City: State: ZIP:

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CREDIT CARD PAYMENT

For security purposes please **do not email** credit card information. Fax or mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: _____

Type of License: _____ 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: _____ Email *(optional)*: _____

Credit Card Type: ☐ VISA — or — ☐ Mastercard

→ **Signature of Credit Card Holder:** _____

VISA or Mastercard Number: _____ **Expiration Date:** _____

This section below the dotted line will be destroyed upon processing of the payment.

Confidential