



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
Website: Corporations.Alaska.Gov

Statement of Change

Domestic Religious Corporation (AS 10.40)

- This Statement of Change form for Registered Agents or Registered Agent Address Changes is only for Domestic Religious Corporations.
- 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:

AS 10.40.130

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 Corporations.Alaska.Gov, *Registered Agents FAQs*.

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 on Record with the State:

AS 10.40.080

Entity Name: _____

Alaska Entity Number: _____

4. PREVIOUS Registered Agent Information on Record with the State:

PREVIOUS Registered Agent Name: _____

PREVIOUS Registered Agent Addresses:

→ PHYSICAL Address: _____

City: _____ State: AK (*mandatory*) ZIP Code: _____

→ MAILING Address: _____

City: _____ State: AK (*mandatory*) ZIP Code: _____

5. CURRENT Registered Agent Information to be Updated with the State:

AS 10.40.130

CURRENT Registered Agent Name: _____

(*per AS 10.40.130, this must be an individual*)

CURRENT Registered Agent Addresses:

→ PHYSICAL Address: _____

City: _____ State: AK (*mandatory*) ZIP Code: _____

→ MAILING Address: _____

City: _____ State: AK (*mandatory*) ZIP Code: _____

6. 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.

7. Required Signature:

AS 10.40.080

The Statement of Change 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.

Signature: _____

Date: _____

Printed Name: _____

Title of Authorized Signer: _____

Corporate Seal



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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!

1. Account Number: _____

2. Expiration Date: _____

3. Billing ZIP Code: _____

4. Security Code: _____

All four fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.