

STATE OF NORTH CAROLINA
Department of the Secretary of State

CANCELLATION OF STATEMENT OF APPOINTMENT OF AGENT FOR A NONPROFIT ASSOCIATION

Pursuant to §59B-11 of the General Statutes of North Carolina, the undersigned Nonprofit Association submits the following for the purpose of canceling its statement of appointment of an agent.

1. The name of the Nonprofit Association is: _____
2. The street address and county of the Nonprofit Association is:
Number and Street: _____
City, State, Zip Code: _____ County: _____
3. The mailing address *if different from the street address* of the Nonprofit Association:

4. The statement of appointment of agent filed on _____ is hereby cancelled.
5. This statement will be effective upon filing, unless a date and/or time is specified: _____
6. This is the ____ day of _____, 20 ____.

Name of Business

Signature

Type or Print Name and Title

Notes: Filing fee is \$5.00. This statement must be filed with the Secretary of State.

***The Secretary of State is not an agent for service of any process, notice, or demand on any nonprofit association.**