

STATE OF NORTH CAROLINA
Department of the Secretary of State

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 designating an agent and the agent's address in the State of North Carolina.

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 street address in North Carolina of the Nonprofit Association's Agent for service of process is:

Number and Street: _____

City, State, Zip Code: _____ County: _____

5. The mailing address *if different from the street address* of the Nonprofit Association's Agent for service of process is:

6. The name of the designated registered agent and the designated registered agent's written consent to the appointment appears below:

(Type or Print Name of New Agent)

(Signature & Title*)

7. This statement will be effective upon filing, unless a date and/or time is specified: _____

8. This is the ____ day of _____, 20____.

Name of Business

Signature

Type or Print Name and Title

Notes: 1. Filing fee is \$5.00. This statement must be filed with the Secretary of State.