

STATE OF ALABAMA

DOMESTIC NONPROFIT CORPORATION STATEMENT OF INTENT TO DISSOLVE

PURPOSE: In order to file an Intent to Dissolve for a Nonprofit Corporation under Section 10A-1-9.11 and 10A-3-7.01 of the Code of Alabama 1975 this Statement of Intent to Dissolve and the appropriate filing fees must be filed with the Office of the Secretary of State. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: Mail one (1) signed original and one (1) copy of this completed form along with a self-addressed, stamped envelope and the appropriate filing fees of \$100.00 for standard processing. **Office of the Secretary of State, P.O. Box 5616, Montgomery, AL, 36103-5616.** You may pay the Secretary of State fees by check, money order, or credit card (see attached). If the credit card does not authorize or if the check is dishonored, the filing will be removed from the index and of no legal effect. In the case of a dishonored check, a \$30 fee will be charged.

This form must be typed

1. The name of the corporation as recorded on the Certificate of Formation:

2. Alabama Entity ID Number (Format: 000-000): _____ - _____ **TO OBTAIN ID NUMBER** Go to our website at www.sos.alabama.gov click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

3. The name and respective addresses of its officers:

The name of the **President**: _____

Street Address of **President**: _____

The name of the **Vice President**: _____

Street Address of **Vice President**: _____

The name of the **Secretary**: _____

Street Address of **Secretary**: _____

The name of the **Treasurer**: _____

Street Address of **Treasurer**: _____

(For SOS Office Use Only)

This form was prepared by: (type name and full address)

DOMESTIC NONPROFIT CORPORATION INTENT TO DISSOLVE

4. The name and respective addresses of its Directors:

The name of the **Director**: _____

Street Address of **Director**: _____

The name of the **Director**: _____

Street Address of **Director**: _____

The name of the **Director**: _____

Street Address of **Director**: _____

Attach listing if more Directors need to be added

- 5. If there are members entitled to vote thereon, attach a statement setting forth the date of the meeting of members at which the resolution to dissolve was adopted, that a quorum was present at the meeting, and that the resolution received at least two-thirds of the votes entitled to be cast by members present or represented by proxy at the meeting, or attach a statement that the resolution was adopted by a consent in writing signed by all members entitled to vote with respect thereto.
- 6. If there are no members, or no members entitled to vote thereon, attach a statement of fact, the date of the meeting of the board of directors at which the resolution to dissolve was adopted and a statement of the fact that the resolution received the vote of a majority of the directors in office.

Date (MM/DD/YYYY)

Signature of President or Vice President (10A-3-7.01)

Typed Name and Title of Above Signature

**ALL THREE (3) SIGNATURES
ARE REQUIRED UNDER
10A-3-7.04.**

Signature of Secretary or Asst. Secretary (10A-3-7.01)

Typed Name and Title of Above Signature

Signature of Officer Verifying – not one of above (10A-3-7.01)

Typed Name and Title of Above Signature

Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet: ; If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (generally these fees are between 2% and 5% of the total charge).

Information MUST be typed or filing will be returned without review.

Entity Name: _____

AL Entity ID #, required for all filings other than formation/registration: _____ - _____ (ex: 000-000)

Service Requested: \$100.00 Dissolution/Cancellation filing fee

Hold at Front Desk for Pick-up by: _____

There is no notification service/call for pick-up. (Service providers who run couriers for pick-up)

Choose one of the following:

_____ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

_____ Charge fees to prepaid account: Account Number _____

and Account Name _____

Typed Name & Signature of Authorized Individual on Account

_____ Credit Card Type: _____ (Visa, MC, Discover & AmEx)

Card Number: _____ Expiration Mo/Yr.: ____/____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____

Street or PO

City

State

Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder