

**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 Sections 10A-1-9.11 and 10A-3-7.04 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 2 copies of this completed form along with a self-addressed, stamped envelope to:**

**\*Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

\*Include a check, money order, or credit card payment for the \$100.00 processing fee.

\*The request is only accepted via mail or courier and will not be accepted via email.

\*Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

**This form must be typed and will not be accepted via email.**

1. The current recorded name of the Corporation:

\_\_\_\_\_

2. Alabama Entity ID Number (Format: 000-000-000): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **TO OBTAIN ID NUMBER,** go to our website at [www.sos.alabama.gov](http://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 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 **Director**: \_\_\_\_\_

Street address of **Director**: \_\_\_\_\_

The name of **Director**: \_\_\_\_\_

Street address of **Director**: \_\_\_\_\_

The name of **Director**: \_\_\_\_\_

Street address of **Director**: \_\_\_\_\_

**Attach additional pages 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-3-7.05)**

\_\_\_\_\_  
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-3-7.05)**

\_\_\_\_\_  
Typed name and title of above signature

\_\_\_\_\_  
**Signature of Officer Verifying – not one of above (10A-3-7.05)**

\_\_\_\_\_  
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 (these fees are 3% of the total charge plus \$2.00).

**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: 000-000-000)

Service Requested:  \$100.00 Intent to Dissolve filing fee

Hold at Front Desk for pick-up by: \_\_\_\_\_

**There is no notification service/call 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 Box

\_\_\_\_\_  
City State Zip

Signature of Card Holder: \_\_\_\_\_

**MUST be Signature of Card Holder**