



State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

Application for Certificate of Authority of a Foreign Nonprofit Corporation

(Submit with filing fee of \$25.00)

1. The Corporation's name is _____
and it is organized and existing under the laws of _____

2. If the corporation's name is unavailable, the name it will use in Missouri is _____

3. The date of its incorporation was _____, and the period of its duration is _____
month/day/year

4. The address of its principal place of business is _____
Address *City/State/Zip*

5. The name and physical address of its registered agent and office in the State of Missouri is

Name *Address* *City/State/Zip*

6. The names of its officers and directors and their business or home addresses are as follows (attach additional sheets as necessary):

Name	Address	City/State/Zip
President _____	_____	_____
Vice President _____	_____	_____
Secretary _____	_____	_____
Treasurer _____	_____	_____
Director _____	_____	_____
Director _____	_____	_____

7. The specific purpose(s) of its business in Missouri:

(Please see next page)

Name and address to return filed document:

Name: _____

Address: _____

City, State, and Zip Code: _____

