

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**NONPROFIT CORPORATION  
NOTIFICATION BY EXISTING CORPORATION**

**TYPE OR PRINT CLEARLY IN BLACK INK**

Pursuant to Section 33-31-1707 of the 1976 South Carolina Code of Laws, as amended, the undersigned corporation submits the following:

1. The name of the nonprofit corporation is \_\_\_\_\_

2. Check the appropriate box as to state of incorporation:

a.  The corporation was incorporated in South Carolina on \_\_\_\_\_

b.  The corporation was not incorporated in South Carolina, but was qualified to do business in South Carolina as of \_\_\_\_\_

3. The registered office of the nonprofit corporation in the state of South Carolina is

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City County State Zip Code

The name of the registered agent of the nonprofit corporation at that office is

\_\_\_\_\_  
Name Signature

4. If the principal office of the nonprofit corporation listed on the original declaration and petition for incorporation as a domestic nonprofit corporation or application for certificate of authority to transact business as a foreign nonprofit corporation is no longer the location of the corporation's principal office, list the corporation's current address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City County State Zip Code

5. The corporation hereby elects to be designated as either a public benefit, religious, or mutual benefit corporation by checking the appropriate box. Check either box (a), (b), or (c) whichever is applicable. Check only one box.

a.  The nonprofit corporation is a public benefit corporation.

b.  The nonprofit corporation is a religious corporation.

c.  The nonprofit corporation is a mutual benefit corporation.

\_\_\_\_\_  
**Name of Corporation**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Capacity

**FILING INSTRUCTIONS**

1. Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.
2. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of space on the form.
3. This form must be accompanied by the filing fee of \$10.00 payable to the Secretary of State.

Return to: Secretary of State  
P.O. Box 11350  
Columbia, SC 29211