

**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