

**State of South Carolina**  
**Office of the Secretary of State, Jim Miles**  
**Public Charities Division**

**P. O. Box 11350**  
**Columbia, SC 29211**  
**803-734-1790**

**Filing Fee: \$50**

**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION**

☐ **Initial Registration**      ☐ **Renewal/Update**      **Enter Current Registration Number:** \_\_\_\_\_

Please provide the following information:

1.      Name of Organization \_\_\_\_\_  
  
         Other Organization Names Used \_\_\_\_\_  
  
         Contact Person's Name \_\_\_\_\_ Title \_\_\_\_\_  
  
         Contact Person's Mailing Address \_\_\_\_\_  
  
         City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
  
         Work Phone No. \_\_\_\_\_ Home No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
  
         Contact Person's E-mail \_\_\_\_\_ Web Site \_\_\_\_\_  
  
         Organization's Fiscal Year End Date (Give month and date.) \_\_\_\_/\_\_\_\_/\_\_\_\_  
  
         Is this a change in your Fiscal Year End Date? Check one:      YES      NO  
  
         If YES, what is the first day under the new Fiscal Year End? \_\_\_\_/\_\_\_\_/\_\_\_\_
2.      Purpose for this organization: \_\_\_\_\_  
  
         \_\_\_\_\_  
  
         \_\_\_\_\_
3.      (a)      Principal address of the organization:  
  
         \_\_\_\_\_  
  
         City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
  
         (b)      Addresses of any of your organization's offices in this State:  
  
         City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
  
         City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
  
         (c)      If the organization does not maintain an office, please provide the name and address of the person having  
         custody of the organization's financial records:  
  
         \_\_\_\_\_  
  
         \_\_\_\_\_
4.      Give names, addresses and telephone numbers of:  
  
         (a) Chief Executive Officer \_\_\_\_\_  
  
         \_\_\_\_\_  
  
         (b) Chief Financial Officer \_\_\_\_\_  
  
         \_\_\_\_\_  
  
         (c) Registered Agent for Service of Process \_\_\_\_\_  
  
         \_\_\_\_\_
5.      Names and addresses of any chapters, branches or affiliates of your organization in this State. (Attach list if  
         necessary.)  
  
         \_\_\_\_\_

6.

(a) Place and date the organization was legally established:

(b) Form of organization. Check one: [ ] Public Benefit [ ] Mutual Benefit

(c) Tax exempt status under the Internal Revenue Code: [ ] YES [ ] NO

If "Yes," please provide copy of IRS tax exempt documentation.

7.

Outside Professionals: If your organization intends to use professional solicitors or hire individuals to solicit, please list below their names, addresses, telephone numbers, and dates during which they are/were engaged and all fundraising offices used by or on behalf of your organization. Attach list if necessary.

8.

List any other governmental authority that has authorized your organization to solicit contributions.

9.

Has your organization or any of its officers, directors, employees, been enjoined by any government agency or court from soliciting contributions? [ ] YES [ ] NO

(a) If "Yes," provide name of governmental authority/court, state, date of action, and copy of referenced order.

(b) If "Yes," is your organization still subject to any order at this time by any government agency or court? If so, attach list of all.

10.

General purpose for which the contributions solicited will be used:

11.

Check ONE of the following categories that best describes the purpose of your organization:

Adoption / Abortion / Pregnancy

AIDs

Alcohol & Substance Abuse

Animal Rights & Adoption

Arts

Athletics & Sports

Child Protection & Sponsorship

Civil Rights

Crime Prevention

Disability

Disaster Relief

Economic Development

Educational

Environment & Beautification

Ethnic Interest

Fire-Fighting & Prevention

Gun Control & Gun Rights

Health

Historical

Homeless / Housing

Human Services

Hunger

International / Peace

Libraries

Literacy

Mental Health

Law Enforcement Association

Public Policy

Rescue

Senior Citizens

Service Club

Veterans

Youth

OTHER:

CERTIFICATION AND FEE

SECTION 33-56-30 OF THE SOUTH CAROLINA SOLICITATION OF CHARITABLE FUNDS ACT PROVIDES "THE REGISTRATION FORMS AND OTHER DOCUMENTS PRESCRIBED BY THE OFFICE OF THE SECRETARY OF STATE MUST BE SIGNED BY THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER OF THE CHARITABLE ORGANIZATION AND CERTIFIED AS TRUE. EVERY CHARITABLE ORGANIZATION WHICH SUBMITS A REGISTRATION TO THE SECRETARY OF STATE MUST PAY AN ANNUAL REGISTRATION FEE OF FIFTY DOLLARS (\$50.00)."

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE.

SWORN TO BEFORE ME

Name (Printed)

, 20

Name (Signature)

NOTARY PUBLIC

COMMISSION EXPIRES:

**CHIEF EXECUTIVE OFFICER**

SWORN TO BEFORE ME

Name (Printed)

, 20

Name (Signature)

NOTARY PUBLIC

COMMISSION EXPIRES:

**CHIEF FINANCIAL OFFICER**

**Note: This form must be accompanied by a Fee of \$50.00. Please make check payable to the "Office of the Secretary of State."**