## NON-PROFIT CORPORATION INFORMATION FORM

This Non-Profit Corporation Information Form should be filled out as completely as possible and forwarded to Zach Starnes of The Cole Law Firm, LLC for review prior to a personal conference. If convenient, please return the completed form by e-mail to zach@carlcolelaw.com. Alternatively, you may return the completed form by (i) delivering it to the offices of The Cole Law Firm, located at 401 Lee Street, Suite 301, Decatur, Alabama 35601; (ii) mailing it to The Cole Law Firm, ATTN: Zachary H. Starnes, Post Office Box 2064, Decatur, Alabama 35602-2064; or (iii) faxing it to The Cole Law Firm, ATTN: Zachary H. Starnes at 256.353.0552.

If you have any questions regarding these instructions, or anything in this form, please contact Zach Starnes by e-mail (zach@carlcolelaw.com) or telephone (256.353.0550).

## NON-PROFIT CORPORATION INFORMATION

1)	What will be the legal name of the Corpora prior to obtaining a name reservation certif	ation? (This name will be confirmed with you icate from the Secretary of State's Office.)	
2)	Do you anticipate using any "trade names" or "d/b/a names"? If so, what are they?		
3)	In which county will the Corporation be loca	ated?	
4)	What is the physical (street, no P.O.) address of the principal office of the Corporation in Alabama? If the Corporation has a different mailing address, please include that address too.		
	Physical Address:		
	Mailing Address (if different):		
5)	What is the main telephone number of the	Corporation?	

List the	names and a	ddresses of each of the initial officers of the Corporation:
		duresses of each of the findal officers of the corporation.
Preside	nt: Name:	
	Address:	
Vice Pre	esident:	
	Name:	
	Address:	
Secreta	ry:	
	Name:	
	Address:	
Treasur	er:	
	Name:	
	Address:	
If there	are any othe	er offices (immediate Past President, etc.)? If so, please provide
	=	the person who will initially serve in that office.

	the names and addresses of each of the initial members of the Board of Directors of Corporation.
-	ou have a preference for how long the term will be for each member of the Board octors and/or how many consecutive terms a member may serve?
ager corr	the name, physical street address (no P.O. addresses), and SSN of the initial registered to the Corporation. This is the person designated to receive all "official espondence and other documents on behalf of the Corporation, including, founder, any lawsuit filed against the Corporation.
Nam Add	
SSN:	
In th	e Corporation's first year of existence, will it have employees?
If ye	s, please complete subparts a, b, and c:
a.	What is the highest number of employees that the Corporation will have during it first year of existence?
b.	What is the date that wages will first be paid to the employee(s)?
c.	Will the Corporation pay more or less than \$4,000 in total wages to its employee(s in a full calendar year?
What will be the last month of the Corporation's fiscal year?	

What bank (name, bra	anch location) will the Corporation use for its primary account?
Who will serve as the initial accountant for the Corporation?	
Do you have any special provisions you would like to see included in the Bylaws of Corporation or other unique considerations? If so, please describe those below.	
List the name, address form.	s, phone number, and e-mail address for the person completing this
Name:	
Address:	
Telephone Number:	
E-mail Address:	