

Nonprofit Corporation Questionnaire



800.706.4741

AndersonAdvisors.com

Client Information

- 1. Client Name:
- 2. Client Phone:
- 3. Client Email:

Corporation Information

- 4. Corporation Name:
- 5. Alternate Name:
- 6. Filing State:
- 7. Do you plan on operating in any other states within the next year? Yes No If yes where?

Registered Agent to be provided by Anderson unless you notify us otherwise.

If not using Anderson's Company Assistance Program:

- 8. Corporation Address: (List physical address of each jurisdiction where filed--do not enter P.O box.)

Business Address

Mailing Address

- 9. Please describe the intended charitable purpose and activities that you will pursue with your Nonprofit in 3-5 sentences.

Director Information

10. Directors

Director Name 1:

Director Name 2:

Director Name 3:

Other Information

If we are filing in CA then the President cannot also be the Secretary or the Treasurer

President:

Vice President:

Secretary:

Treasurer: