



State of Tennessee
312 Rosa L. Parks Avenue, 8th Floor
Nashville, Tennessee 37243
615-741-2555

WARNING: False or misleading statements
Subject to maximum \$5,000 civil penalty. T.C.A. §48-101-514

**APPLICATION TO RENEW REGISTRATION
OF A CHARITABLE ORGANIZATION**

INSTRUCTIONS: Please type or print all items on this form which are applicable to your organization. If you are unable to answer in the space provided, you may attach additional sheets. **Indicate that an item does not apply by placing N/A by its number.**

<i>For Office Use Only</i>	
Reg. No.	Date Received
Exp. Date	
Fee Paid	

The amount of the filing fee is as follows:

Organization's <u>Gross Revenue</u>	<u>Filing Fee</u>
\$0-\$48,999.99	\$100.00
\$49,000.00-\$99,999.99	\$150.00
\$100,000.00-\$249,999.99	\$200.00
\$250,000.00-\$499,999.99	\$250.00
\$500,000.00-ABOVE	\$300.00

A **NONREFUNDABLE** registration fee must accompany this application.

1. Name of the organization: _____

If name has changed, please indicate: _____

FEIN: _____ Accounting period end date: _____
Month Day Year

Has the accounting period changed since your last registration? Yes ___ No ___ If yes, please indicate: _____

2. Do you solicit contributions under any other name(s)? Yes ___ No ___
If yes, list names used and attach any documents authorizing such use. _____

3A. Principal Office Address or, if no office is maintained, Name and Address of Person Having Custody of Financial Records:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Has principal address changed since last registration? Yes ___ No ___

3B. Mailing/Contact Address:

Contact Name/Title: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Has principal address changed since last registration? Yes ___ No ___

4. Telephone Number: () _____ Fax Number: () _____ Email Address: _____

Has information in number 4 changed since last registration? Yes ___ No ___

Telephone Number: () _____ Fax Number: () _____ Email Address: _____

5. Have you added any Chapters, Branches or Affiliates in Tennessee since your last registration?
If yes, list name and address: _____

Are you registering and reporting the financial activities of these organizations? Yes ___ No ___

(Note: a chapter, branch or affiliate that solicits or receives contributions from any source other than the parent organization or a governmental agency must register independently and pay its own filing fee)

6. Have you amended the organization documents submitted with your last registration? Yes ___ No ___
If yes, attach a copy of the amendment(s)
7. Has the organization obtained tax exemption or has the tax exempt status been revoked by the Internal Revenue Service since your last registration? Yes ___ No ___ If granted tax exemption, attach determination letter.
8. Has the organization registered in any other state? Yes ___ No ___ If yes, attach a list of other states.
9. Have you been enjoined by any court from soliciting contributions since your last registration? Yes ___ No ___
If yes, attach a copy of the court order.
10. Attach a list of the name, title and address of each officer, director and trustee. (List principal salaried officer first)
11. List the name and address of individual(s) who have final responsibility for the custody of contributions:
Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____
12. List the name and address of individual(s) who have responsibility for the final distribution of contributions:
Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____
13. Has any officer, director, manager, operator or principal of the organization been the subject of an injunction, judgment or administrative order or been convicted of a felony? Yes ___ No ___ If yes, attach a detailed explanation.
14. Describe the purpose of the organization: _____

15. If your organization contracts with or otherwise engages the services of any outside fund-raising professional (such as a "professional fund-raiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer"), attach a list including their names, addresses (street and P.O.), telephone numbers, and location of offices used to perform work on behalf of the organization. Additionally, submit a true copy of any contract with the listed entity.

This document must be signed by two authorized officers, one of whom shall be the Chief Fiscal Officer. I certify that the statements in this registration statement and all supplemental forms, documents and continuation sheets are true and correct to the best of my knowledge and belief.

Signature of Authorized Officer: _____ Signature of Authorized Officer: _____

Print Name: _____ Print Name: _____

Title: _____ Title: _____

Date: _____ Date: _____