



Not-for-Profit Corporation

Notice of dissolution

Return to: Missouri Attorney General's Office
NPC Unit
815 Olive, Suite 200
St. Louis, MO 63101

MISSOURI ATTORNEY GENERAL
CHRIS KOSTER

573-751-3321
www.ago.mo.gov

CORPORATION INFORMATION

NAME _____ CHARTER NUMBER _____

TYPE OF BENEFIT PUBLIC MUTUAL REGISTERED AGENT _____

PRINCIPLE PLACE OF BUSINESS OR CORPORATE HEADQUARTERS _____

DISSOLUTION INFORMATION

COMPLETE THIS ENTIRE SECTION.

DIRECTOR VOTE

MEMBER VOTE

INCORPORATOR VOTE

NUMBER OF DIRECTORS _____

NUMBER OF MEMBERS _____

Complete only if the organization incorporated but never elected directors, acquired assets, accepted members nor conducted business.

VOTES FOR DISSOLUTION _____

VOTES FOR DISSOLUTION _____

NUMBER OF INCORPORATORS _____

DATE OF VOTE (MM-DD-YY) _____

DATE OF VOTE (MM-DD-YY) _____

VOTES FOR DISSOLUTION _____

DATE OF VOTE (MM-DD-YY) _____

DATE CORPORATION FILED ARTICLES OF DISSOLUTION WITH SECRETARY OF STATE (MM-DD-YY) _____

DISTRIBUTION OF ASSETS

DESCRIBE HOW THE CORPORATION WILL DISPOSE OF ITS ASSETS

- The corporation will distribute its assets to the organization(s) below, which are or would qualify as 501(c)(3) organizations.
- The corporation will distribute to the organization(s) below, as required by the corporation's articles or by-laws. A copy is attached.

LIST ALL ASSETS AND THE NAME AND ADDRESS OF THE RECIPIENT OF EACH ASSET

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

DISTRIBUTION OF ASSETS CONTINUED

LIST ALL ASSETS AND THE NAME AND ADDRESS OF THE RECIPIENT OF EACH ASSET

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

ASSET _____ RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

CHECK HERE IF THE CORPORATION WAS ORGANIZED AND OPERATES AS A CHURCH.

FORM SUBMITTED BY:

NAME _____ PHONE () - _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE (MM-DD-YY) _____