



## CHARITABLE ORGANIZATION RENEWAL STATEMENT CONSUMER PROTECTION

501 Washington Avenue  
Post Office Box 300152  
Montgomery, Alabama 36130-0152

Telephone: (334) 242-7335  
Fax: (334) 242-2433  
[www.ago.alabama.gov](http://www.ago.alabama.gov)

This is the annual renewal form for charitable organizations. If any of the information filed in your organization's initial Registration Statement has changed, please attach additional sheets as necessary detailing the modifications.

1. Identify the legal name of the charitable organization: \_\_\_\_\_
2. Identify the Alabama charity registration number assigned to your organization when its initial registration statement was accepted. \_\_\_\_\_
3. Attachment (IRS Form 990 or Written Report)
  - *All charitable organizations must attach a financial statement, which can be accomplished by submitting a copy of the organization's most recently submitted IRS Form 990. In lieu of that, an organization may submit a written report, which must include a financial statement covering the fiscal year; this statement must set forth the gross income, expenses, and net income inuring to the benefit of the charitable organization, a balance sheet as of the close of the fiscal year, and a schedule of the activities carried on by the charitable organization in the performance of its purposes and the amounts expended thereon during the fiscal year.*
  - *Regardless of the method chosen, this attachment must be submitted within ninety days of the close of the charitable organization's fiscal year ending after the date on which it files its initial Registration Statement.*
4. A fee of \$25.00 payable to the Office of the Attorney General must be paid at the time you submit your renewal statement.

## CERTIFICATION

I, \_\_\_\_\_,  
certify that the information on this document and in any attachments is true and correct. I further certify  
that I am authorized to submit this form on behalf of \_\_\_\_\_.

I also understand that I am under a continuing obligation to notify the Office of the Attorney  
General of any change in the information provided.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PHONE

*This Application must be accompanied by: an annual license fee in the amount of twenty five dollars (\$25) payable to the Alabama Attorney General's Office. Fees must be paid at the time of registration (and upon annual renewal).*

\_\_\_\_\_  
STATE OF \_\_\_\_\_ )  
\_\_\_\_\_  
COUNTY \_\_\_\_\_ )

Before me, the undersigned authority, a Notary Public, in and for said State and County, personally appeared \_\_\_\_\_, who, after being first duly sworn before me, deposes on oath and says that he/she has read this instrument, has been advised of and understands its nature and effect, and that the facts contained therein are true and correct to the best of his/her knowledge and belief.

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

[Notary Seal]

NOTARY PUBLIC \_\_\_\_\_

My Commission Expires: \_\_\_\_\_