

Form 802**(Revised 08/12)**

Submit in duplicate to:
 Secretary of State
 Reports Unit
 P.O. Box 12028
 Austin, TX 78711-2028
 Phone: (512) 475-2705
 FAX: (512) 463-1423
 Dial: 7-1-1 for Relay Services
Filing Fee: [See Instructions](#)



**Periodic Report
of a
Nonprofit Corporation**

This space reserved for filing office use.

File Number: _____1. The name of the corporation is: *(A name change requires an amendment; see Instructions)*2. It is incorporated under the laws of: *(Set forth state or foreign country)* _____

3. The name of the registered agent is:

 A. The registered agent is a corporation (cannot be entity named above) by the name of:**OR** B. The registered agent is an individual resident of the state whose name is:*First Name**MI**Last Name**Suffix*4. The registered office address, which is identical to the business address of the registered agent in Texas, is:
*(Only use street or building address; see Instructions)**Street Address**City***TX***State**Zip Code*

5. If the corporation is a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is:

*Street or Mailing Address**City**State Zip Code**Country*6. The names and addresses of all directors of the corporation are: *(A minimum of three directors is required.)*
*(If additional space is needed, include the information as an attachment to this form for item 6.)**First Name**MI**Last Name**Suffix**Street or Mailing Address**City**State Zip Code**Country**First Name**MI**Last Name**Suffix**Street or Mailing Address**City**State Zip Code**Country**First Name**MI**Last Name**Suffix**Street or Mailing Address**City**State Zip Code**Country*

7. The names, addresses, and titles of all officers of the corporation are: (The offices of president and secretary must be filled, but both may not be held by the same officer.)

(If additional space is needed, include the information as an attachment to this form for item 7.)

			Officer Title	
			President	
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Suffix</i>	
<i>Street or Mailing Address</i>			<i>City</i>	<i>State Zip Code Country</i>
			Officer Title	
			Secretary	
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Suffix</i>	
<i>Street or Mailing Address</i>			<i>City</i>	<i>State Zip Code Country</i>
			Officer Title	
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Suffix</i>	
<i>Street or Mailing Address</i>			<i>City</i>	<i>State Zip Code Country</i>

Execution:

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: _____

Signature of authorized officer