

DRYER AND ASSOCIATES, P.C.
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MASTER INFORMATION LIST

(Please Print or Type)

NAME OF ORGANIZATION: _____
CHURCH

STREET ADDRESS WHERE OFFICES ARE
OR WILL BE: _____ P. O. BOX IF APPLICABLE:

CITY: _____ CITY: _____

COUNTY: _____ COUNTY: _____

STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

BUSINESS TELEPHONE: (____) _____ HOME TELEPHONE; (____) _____

NAME OF PASTOR: _____

PASTOR'S SOCIAL SECURITY NUMBER: _____

PASTOR'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME AND ADDRESS OF ADDITIONAL TRUSTEES OTHER THAN PASTOR:

2. _____

3. _____

4. _____

5. _____

OFFICERS: PRESIDENT: _____

VICE-PRESIDENT: _____

SECRETARY: _____

TREASURER: _____

(Secretary and Treasurer may be combined in one person.)

HOW LONG HAS YOUR ORGANIZATION BEEN IN EXISTENCE?
JUST BEING FORMED _____ FORMED _____, _____

HAVE YOU PREVIOUSLY APPLIED FOR AN EMPLOYER IDENTIFICATION NUMBER (IRS FORM SS-4) FOR THIS OR ANY OTHER ORGANIZATION?

_____ Yes, my number(s) is (are): _____
(This organization)

_____ _____
(Other organization)

PLEASE DESCRIBE ANTICIPATED ACTIVITIES: _____

NAME AND ADDRESS OF THE PERSON WHO WILL BE YOUR REGISTERED AGENT?

(DEFINITION: REGISTERED AGENT IS A PERSON WHO LIVES WITHIN THE STATE WHERE YOU ARE INCORPORATING, THAT CAN COMMUNICATE INFORMATION ABOUT THE CORPORATION WITH THE SECRETARY OF STATES OFFICE IN THAT STATE).