



Department of Banking and Finance  
2990 Brandywine Road, Suite 200  
Atlanta, Georgia 30341-5565

## **Bona Fide Nonprofit Contact Information Update Form**

For existing bona fide nonprofit corporations that have been granted a determination request from the Department of Banking and Finance (Department) under O.C.G.A. § 7-1-1001(a)(18) and Department Rule 80-11-5-.08:

Please use the form below to update your information on file with the Department. If the Department requires additional information, the primary contact person listed below will be contacted.

### **Identifying Information:**

Corporation Name \_\_\_\_\_

### **Physical Address of Principal Place of Business:**

Street Address Line 1 \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Website URL \_\_\_\_\_

### **Primary Contact Information:**

**Please list the name and contact information for the individual to whom the Department should direct its communications.**

Contact Name and Title \_\_\_\_\_

Contact Mailing Address Line 1 \_\_\_\_\_

Contact Mailing Address Line 2 \_\_\_\_\_

Contact Mailing City, State, Zip Code \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Contact Email Address \_\_\_\_\_

**This form was completed by:**

Include the Name & Title of the Individual Completing this Form:

Contact Name and Title \_\_\_\_\_

Date Form Signed (mm/dd/yyyy) \_\_\_\_\_

**Submit this form and supporting documents to: Latosha Rose at [lrose@dbf.state.ga.us](mailto:lrose@dbf.state.ga.us)**