



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