

FORM NFP 105.15
NOTICE OF RESIGNATION OF
REGISTERED AGENT
General Not For Profit Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-7808
www.cyberdriveillinois.com

Payment must be made by check or money order
payable to Secretary of State.

Filing fee \$5

File # _____ Approved: _____

----- **Submit in duplicate** ----- **Type or Print clearly in black ink** ----- **Do not write above this line** -----

1. Corporation Name: _____

2. Name and Address of Registered Agent and Registered Office as they appear on the records of the Office of the Secretary of State:

Registered Agent: _____
First Name Middle Name Last Name

Registered Office: _____
Number Street Suite # (P.O. Box alone is unacceptable)
City ZIP Code County

3. Effective Date of Resignation: _____
(Not less than 30 days after its filing by the Secretary of State.)

4. Address of Principal Office of Corporation known to the Registered Agent:

Number Street Suite # (P.O. Box alone is unacceptable)
City ZIP Code County

5. A copy of this notice has been sent to the principal office of the corporation at least 10 days prior to the date of its filing with the Secretary of State.

6. The undersigned affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated _____, _____
Month Day Year

by _____
Signature of Principal Officer

by _____
Signature of Registered Agent

by _____
Name (type or print)

by _____
Name (type or print)

NOTE: If the registered agent is an individual, this notice must be signed by the registered agent.
If the registered agent is a corporation, this notice must be signed by a principal officer.