

## Registration Statement for Charitable Organizations (COR-92)

Office of the Secretary of State, State House, Annapolis MD 21401 Telephone: 410) 974-5534;

**As of October 1, 2006, all new charitable registrations MUST be in full compliance and receive a registration letter from Secretary of State's office before soliciting.**

1. Fee Submitted \_\_\_\_\_ 2. Month Fiscal Year Ends \_\_\_\_\_ 3. County \_\_\_\_\_

4. Name \_\_\_\_\_

If name under which solicitation is made is different from above, indicate here:

5. Mailing Address of Charity \_\_\_\_\_

Address of Physical Location \_\_\_\_\_

6. Telephone \_\_\_\_\_ 7. Federal I.D. No \_\_\_\_\_ 8. FAX \_\_\_\_\_

9. Email (recommended) \_\_\_\_\_

10. Names and addresses of any chapters, branches, or affiliates in Maryland:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Names and addresses of officers, including principal salaried executive officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Names and addresses of persons who have final responsibility for the custody and final distribution of the contributions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Purpose or purposes for which contributions are to be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Does your organization engage or have a contract with a professional solicitor or fund-raising counsel? \_\_\_\_\_ Professional solicitor \_\_\_\_\_ Fund-raising counsel \_\_\_\_\_

If YES to either or both, attach a copy of the contract(s) and give name and address of firm(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Does applicant or any officer, director, partner, or employee of applicant, or any person holding any financial interest in the applicant, have any interest in any mail house, cashiering, professional solicitor, fund-raising counsel, or other business with which applicant does business pursuant to or in conjunction with a contract between the applicant and a professional solicitor, fund-raising counsel, or solicitor? \_\_\_\_\_ If YES, provide details.

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2. Is any officer, director, partner, or employee of the applicant, or any person holding any financial interest in the applicant, also an officer, director, partner, or employee of a professional solicitor, fund-raising counsel, or solicitor with which the applicant does business?

\_\_\_\_\_ If YES, provide details.

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15. Check One.

All taxes due from the applicant to the State or Baltimore City or a county of the State for the preceding fiscal year have been paid, and all taxes the applicant was required to collect and pay over to the State or to Baltimore City or a county of the State for the preceding fiscal year have been collected and paid over.

The taxes due from the applicant to the State or to Baltimore City or a county of the State are under dispute and the dispute has not been finally resolved.

16. Is your organization affiliated with any Maryland State agency (as defined in COMAR 01.02.04.01L)?

Yes      No      (If yes and raised more than \$100,000) you must submit an Audit and Agreed Upon Procedures Report with application.

If yes, list the name(s) of the Maryland State agencies of which you are affiliated (use a separate sheet of paper, if needed): \_\_\_\_\_

17. I hereby consent to the jurisdiction and venue of the Circuit Court of Anne Arundel County in Maryland in actions brought under Title 6 of the Business Regulations Article of the Annotated Code of Maryland.

**Affidavit**

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing COR-92 and each supporting document are true. Additionally, I certify that the IRS Form 990 or IRS Form 990-EZ submitted to the Office of the Secretary of State is a copy of the form submitted to the Internal Revenue Service.

\_\_\_\_\_  
Signature of the President, Chairman or Principal Officer

\_\_\_\_\_  
Print or Type Name of President, Chairman, or Principal Officer

**Note:** Only a form issued by the Office of the Secretary of State or printed directly from the Internet will be accepted by the Office of the Secretary of State.