

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

STATE OF MINNESOTA



CHANGE OF ADDRESS FORM

Website Address:

www.ag.state.mn.us/charity

Legal Name of Organization: _____

Federal EIN: _____ **State of Incorporation:** _____

Old Mailing Address:	New Mailing Address:
Contact Person	Contact Person
Street Address	Street Address
City, State, and Zip Code	City, State, and Zip Code
Phone Number	Phone Number
Email Address	Email Address

Organization's website, if any: _____

I hereby certify that I am duly constituted officer of the organization and that the information in this document is true and accurate to the best of our knowledge.

Name (Print)

Signature

Title

Date