



Telephone: 1 877 526-1526 www.gov.bc.ca/societies Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3 Courier Address: 200 - 940 Blanshard Street Victoria BC V8W 3E6

DO NOT MAIL THIS FORM unless otherwise instructed to do so by registry staff. BC Registries and Online Services requires that this filing be completed online at www.gov.bc.ca/SocietiesOnline

Filing Fee: \$40.00

If you are instructed by registry staff to mail this form, please include a cheque/money order (payable to the Minister of Finance) or provide a BC OnLine account number.

Freedom of Information and Protection of Privacy Act (FOIPPA): Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Societies Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3

A PRIMARY EMAIL ADDRESS ALTERNATE EMAIL ADDRESS

B INCORPORATION NUMBER OR BUSINESS NUMBER OF SOCIETY

C NAME OF SOCIETY

D ANNUAL GENERAL MEETING (AGM) DATE (A society must hold an Annual General Meeting once in each calendar year. The annual report must be filed within 30 days after the meeting is held.)

FOR CALENDAR YEAR YYYY/MM/DD OR No meeting held

E REGISTERED OFFICE ADDRESS Has the registered office address changed from last year? Yes No

The Notice of Change of Address takes effect at the beginning of the day (12:01 a.m. Pacific Time) following the date on which this notice is filed with the registrar.

DELIVERY ADDRESS (PO Box alone is not accepted. Postal Code required.) CITY Prov. POSTAL CODE BC MAILING ADDRESS (If different from delivery address.) CITY Prov. POSTAL CODE BC

F PERSONS WHO HAVE BEEN ELECTED OR APPOINTED AS DIRECTORS

- A society must have a minimum of three directors (individuals) and at least one must be ordinarily resident in BC. A member-funded society must have at least one director who is not required to reside in BC. A director address must be a physical address. A post office box alone is not accepted. A director's address may be their residential address or an address at which the director may be served with records between the hours of 9:00am and 4:00pm, local time, Monday to Friday. Full names of directors are required; initials only are not accepted. This section continues on the next page. Attach additional sheet if more space is required. If the society did not hold an Annual General Meeting (AGM), changes of directors cannot be reflected on the Annual Report. Please complete a Director Change form (FORM 03 SOC).

FIRST NAME MIDDLE NAME LAST NAME ADDRESS CITY PROV/STATE COUNTRY POSTAL CODE/ZIP CODE

FIRST NAME MIDDLE NAME LAST NAME ADDRESS CITY PROV/STATE COUNTRY POSTAL CODE/ZIP CODE

**F PERSONS WHO HAVE BEEN ELECTED OR APPOINTED AS DIRECTORS (CONTINUED)**

FIRST NAME	MIDDLE NAME	LAST NAME			
ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
FIRST NAME	MIDDLE NAME	LAST NAME			
ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
FIRST NAME	MIDDLE NAME	LAST NAME			
ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
FIRST NAME	MIDDLE NAME	LAST NAME			
ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE	

**G PERSONS WHO HAVE CEASED TO BE DIRECTORS**

FIRST NAME	MIDDLE NAME	LAST NAME			

**H CERTIFICATION - I certify that I have relevant knowledge of the society, and that I am authorized to make this filing.**

Note: It is an offence to make a false or misleading statement in respect of a material fact in a record submitted to the Corporate Registry for filing. See section 223 of the Societies Act.

NAME	SIGNATURE	DATE SIGNED (YYYY MM DD)

**I ANNUAL REPORT REMINDER PREFERENCES - Please indicate when you wish to receive your annual report reminder each year.**

Anniversary of incorporation date.

Other date:

Do not send us a reminder.

**J DELIVERY METHOD - Choose one delivery method for receipt of the society's documents.**

Society Email	Other Email Address			
Pickup (Victoria only)	Contact Person	Telephone		
By Mail to Registered Office Mailing Address				
By Mail to another address. Please specify.				
MAILING ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE