



ENCLOSE \$50 FEE

This form is for reinstating registration if you fail to submit an annual report within 6 months of the close of your fiscal year.
Return to: Missouri Attorney General's Office • Attention: Registration Specialist • P.O. Box 899 • Jefferson City, MO 65102

Charitable Organization Information

OFFICIAL NAME _____ REGISTRATION # _____

OTHER NAMES USED (DBAs) _____

PRINCIPLE

PLACE OF BUSINESS _____ () -
Street City State Zip Phone

ADDRESS AND PHONE OF EACH SOLICITATION LOCATION IN MISSOURI (include professional fundraisers)

_____ MO () -
Street City Zip Phone

PURPOSE OF CHARITABLE ORGANIZATION _____

TYPE OF BUSINESS ENTITY (Check one of four boxes below.)

CORPORATION (Attach articles of incorporation) List officers' and directors' names, positions, phones and home addresses

This corporation has been recognized as being exempt by the IRS from taxation pursuant to 26 USC § 501(c)(3)
(organizations recognized as tax-exempt by the IRS are exempt from paying a filing fee or filing annual reports to this office)

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME, ADDRESS AND PHONE OF CORPORATION'S REGISTERED AGENT

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position



PARTNERSHIP (Attach partnership agreement) List partners' names, positions, phones and home addresses

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME, ADDRESS, PHONE, INTEREST AMOUNT OF THOSE OWNING AT LEAST 10% OF ORGANIZATION

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Interest Owned (%)

SOLE PROPRIETORSHIP **OTHER** (explain) _____

NAME, ADDRESS AND PHONE OF EACH GOVERNMENTAL AGENCY REGISTERED WITH DURING PAST THREE YEARS

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip County

Professional Fundraiser Information

NAME, ADDRESS AND PHONE OF ANY PROFESSIONAL FUNDRAISER WHO WILL SOLICIT

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

HOW FUNDRAISER WILL BE PAID _____



Solicitation Information

TYPES OF SOLICITATION PROGRAMS USED BY ORGANIZATION OR PROFESSIONAL FUNDRAISER (such as personal contact, direct mail, radio and TV commercials or newspaper ads) Enclose all written sales presentations, ads, phone scripts or other solicitations.

PERCENTAGE OF FUNDS RAISED OVER PAST FIVE YEARS SPENT DIRECTLY FOR STATED CHARITABLE PURPOSE: _____%
(If \$1,000 was collected and \$200 was spent on operating costs, then the percentage is 80%.)

FINANCIAL INSTITUTIONS, ADDRESSES, PHONES AND ACCOUNT NAMES INTO WHICH ALL FUNDS WILL BE DEPOSITED

INSTITUTION _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Account Name

INSTITUTION _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Account Name

FOR THE PURPOSE OF ANNUAL REPORTING, WHAT IS THE ENDING DATE OF YOUR FISCAL YEAR? _____
Month Date

Organization & Professional Fundraiser Background Check

HAS A LICENSE OR PERMIT TO SOLICIT FUNDS EVER BEEN DENIED OR REVOKED? NO YES If "yes," explain in detail:

LOCATION OF ACTION _____ DATE OF ACTION (MM-DD-YY) _____

GOVERNMENT AGENCY BRINGING ACTION _____

REASON FOR ACTION _____

HAS A GOVERNMENTAL AGENCY ENJOINED OR PROHIBITED YOUR ORGANIZATION OR PROFESSIONAL FUNDRAISER FROM SOLICITING? NO YES If "yes," explain in detail:

LOCATION OF ACTION _____ DATE OF ACTION (MM-DD-YY) _____

AGENCY BRINGING ACTION _____

REASON FOR ACTION _____



HAVE ANY OFFICERS, PROFESSIONAL FUNDRAISERS, DIRECTORS, OR OWNERS OF AT LEAST 10% OF THE CHARITY BEEN CONVICTED OF A FELONY? If "yes," explain in detail: NO YES

Verification Statement

Being duly sworn deposes and states that s/he has made the foregoing charitable organization's registration statement, as required by section 407.462, RSMo; that s/he has read the foregoing registration statement and knows the contents thereof; that s/he is authorized to verify the foregoing registration statement and that the foregoing registration statement is true to her/his knowledge; and that the foregoing registration statement was made for the purpose of complying with the requirements of sections 407.450 through 407.478 RSMo.

Printed Name _____

Authorized Signature _____

Enclose \$50 check (\$15 filing fee plus \$35 reinstatement fee). Make check payable to "Merchandising Practices Revolving Fund".

Notary

Subscribed and sworn to before me, this _____ day of _____, 20 _____

Notary Public Signature _____