



If you would like to file your annual report, please complete and mail this form with your \$15.00 fee to:
Missouri Attorney General's Office • Attention: Registration Specialist • P.O. Box 899 • Jefferson City, MO 65102

Information About Charitable Organization

CURRENT NAME _____ PHONE NO. () -

CURRENT ADDRESS _____
Street City State Zip County

TOTAL AMOUNT OF FUNDS SOLICITED OR COLLECTED IN LAST FISCAL YEAR \$ _____

PERCENTAGE OF FUNDS DIRECTLY SPENT ON FUNDRAISING OR DIRECTLY ALLOCATED FOR FUNDRAISING ACTIVITIES _____ % REGISTRATION FILE NO. _____

Information About Professional Fundraiser

NAME, ADDRESS AND PHONE OF ALL PROFESSIONAL FUNDRAISERS USED IN PAST YEAR

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip County

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip County

NAME, ADDRESS AND PHONE OF ALL PROFESSIONAL FUNDRAISERS YOU PLAN TO USE IN UPCOMING FISCAL YEAR

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip County

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip County

Verification Statement

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

Printed Name _____

Authorized Signature _____

Enclose \$15 check for registration fee. Make check payable to "Merchandising Practices Revolving Fund".

Notary

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

Notary Public Signature _____