



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 • PO 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)

Street \_\_\_\_\_ City \_\_\_\_\_ MO \_\_\_\_\_ 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?  NO  YES If "yes," explain in detail:

---

---

---

---

---

---

### Verification Statement

VERIFICATION

State \_\_\_\_\_ )  
County \_\_\_\_\_ ) SS.

\_\_\_\_\_ being duly sworn deposes and states that s/he has made the foregoing professional fundraiser'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.

SIGNATURE \_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_ (Notary Public)

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