



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)**

\_\_\_\_\_  
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.

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**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

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### 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 \_\_\_\_\_