

**Exempt Organization Certificate****ST-119**

(12/09)

The organization named below is exempt from payment of the New York State and local sales and use tax.

**Note:** This is your organization's proof of exemption and must be retained in your organization's permanent files.

The number shown on this certificate must be entered on any Form ST-119.1, *Exempt Organization Exempt Purchase Certificate*, presented to a vendor. If this certificate is lost or destroyed, you may obtain a replacement by notifying the Exempt Organizations Unit.

This certificate will remain in effect unless it is revoked or canceled. Misuse of the authority granted under this certificate will result in the revocation of exempt status and subject the organization to substantial civil and criminal penalties.

**DRURY UNIVERSITY**  
**900 N BENTON AVE**  
**SPRINGFIELD, MO 65802**



Certificate number

**EX 221450**

Date issued

**April 05, 2000**

**This certificate may not be altered, changed, lent, or transferred to another organization or person.**

## Instructions

This certificate must be returned to the Sales Tax Exempt Organizations Unit if the organization changes its organizational structure, activities, organizing document, or bylaws. A reappraisal of the organization's exempt status will be made provided it submits a copy of the applicable amended organizing document or statement of activities.

An organization that changes its structural form, (for example, an association reorganizes as a corporation) must file Form ST-119.2, *Application for an Exempt Organization Certificate*, and return this certificate, in order to establish the new entity's status for sales tax exemption.

If only the name or address of the organization changes, complete part A below and submit a copy of the amendment to your organizing documents that provides for the change of name. If the organization terminates, complete part B below and return certificate for cancellation.

- A. ☐ Change of name or address (A new Form ST-119, *Exempt Organization Certificate*, will be issued to replace this one.) **NO 66441**

New name (print or type)			
New address (print or type) Street		City	State ZIP code

- B. ☐ Cancel (state reason) \_\_\_\_\_ Date \_\_\_\_\_

Address all correspondence to: NYS Tax Department, Sales Tax Exempt Organizations Unit, W A Harriman Campus, Albany NY 12227.