



STATE OF ARIZONA  
CORPORATION COMMISSION



NONPROFIT CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE  
FOREIGN / DOMESTIC

FOR FISCAL YEAR ENDING 12/31/1995

DUE ON OR BEFORE 04/15/1996

The following information is required by A.R.S. 510-1081 for all domestic and foreign nonprofit corporations authorized to conduct affairs in Arizona. The Commission's authority to prescribe this form is A.R.S. 510-1092. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0196018-8  
Corporation Name: GRACE BAPTIST CHURCH OF CASA GRANDE, INC.  
Address: PO BOX 10975

CORPORATIONS DIV.  
RECEIVED

FEB 21 1996

City, State, Zip: CASA GRANDE AZ 85230-  
Domicile: ARIZONA  
Type: NON-PROFIT

DOCUMENTS ARE SUBJECT  
TO REVIEW BEFORE FILING

Arizona Statutory Agent: PHILLIP W GLENN  
Street Address: 550 E COTTONWOOD LANE  
(NOT P.O. BOX)

City, State, Zip: CASA GRANDE AZ 85222-

1. Check the one category below which best describes the CHARACTER OF AFFAIRS conducted by your corporation in Arizona.

- |  |   |   |
|--|---|---|
| 1. <input type="checkbox"/> Charitable           | 8. <input type="checkbox"/> Social                | 15. <input type="checkbox"/> Agricultural   |
| 2. <input type="checkbox"/> Benevolent           | 9. <input type="checkbox"/> Fraternal             | 16. <input type="checkbox"/> Horticultural  |
| 3. <input type="checkbox"/> Educational          | 10. <input type="checkbox"/> Literary             | 17. <input type="checkbox"/> Animal Husbandry   |
| 4. <input type="checkbox"/> Civic                | 11. <input type="checkbox"/> Cultural             | 18. <input type="checkbox"/> Homeowners' Association                                    |
| 5. <input type="checkbox"/> Patriotic            | 12. <input type="checkbox"/> Athletic             | 19. <input type="checkbox"/> Professional, commercial, industrial, or trade association |
| 6. <input type="checkbox"/> Political            | 13. <input type="checkbox"/> Science/Research     | 20. <input type="checkbox"/> Other  |
| 7. <input checked="" type="checkbox"/> Religious | 14. <input type="checkbox"/> Hospital/Health Care |   |

ACC USE ONLY

Fee \$ \_\_\_\_\_  
Penalty \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less ☒ 26 - 100 \_\_\_\_\_ 101 - 500 \_\_\_\_\_ Over 500 \_\_\_\_\_

3. ~ ~ If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below ~ ~  
~ ~ and PRESIDENT or VICE PRESIDENT must sign page 4 of this report. ~ ~

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Statutory Agent Name

Address

Signature

City, State, Zip

4. Foreign Corporations list Address in Domicile Jurisdiction:

Street/P. O. Box

City, State, (Country) Zip

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

5. **OFFICERS** (If no changes since last report, check here ☒ and go on to Section 6.)

**PRESIDENT:** DOUG GLADDEN

**Address:** 8133 W HWY 87

CASA GRANDE, AZ 85222-

**Date taking office:** 12-12-93

**SECRETARY:** EVIE ARMOUR

**Address:** 2089 N LAKESHORE DR

CASA GRANDE, AZ 85222-

**Date taking office:** 12-04-94

**VICE PRESIDENT:** KEMPTON ASHBURN

**Address:** 1660 S ETHINGTON RD

CASA GRANDE, AZ 85222-

**Date taking office:** 12-04-94

**TREASURER:** NANCY WOFFORD

**Address:** 1107 E 10TH ST

CASA GRANDE, AZ 85222-

**Date taking office:** 12-12-93

6. **DIRECTORS** (If no changes since last report, check here ☐ and go on to Section 7.)

**NAME:** DOUG GLADDEN

**Address:** 8133 W HWY 87

CASA GRANDE, AZ 85222-

**Date taking office:** 12-12-93

**NAME:** KEMPTON ASHBURN

**Address:** 1660 S ETHINGTON RD

CASA GRANDE, AZ 85222-

**Date taking office:** 12-04-94

**NAME:** EVIE ARMOUR

**Address:** 2089 N LAKESHORE DR

CASA GRANDE, AZ 85222-

**Date taking office:** 12-04-94

**NAME:** BILL KINGSLAND

**Address:** 1117 N KADOTA

CASA GRANDE, AZ 85222-

**Date taking office:** 12-04-94

RECEIPTS for January-December, 1995.....	\$101,802.73
Balance in Checking Account December 31, 1994.....	\$147.34
TOTAL to account for 1995.....	\$101,950.07
Transferred to Certificate of Deposit....	\$10,800.00
	\$91,150.07
Total Expenditures for 1995.....	\$90,718.73
Balance in Checking Account December 31, 1995.....	\$431.34

RESERVE: (includes;

\$518.34 Benevolence Fund
\$154.47 Children's Camp
\$526.08 Youth
\$200.00 Refrigerator
\$35.46 Kitchen
<u>\$1,434.34.....Total)</u>

CERTIFICATE OF DEPOSIT.....\$20,680.92

Any explanation needed?

.....Jeannie

1995

## GRACE BAPTIST CHURCH

ANNUAL

## RECEIPTS &amp; EXPENDITURES FOR 1995

1995

	Dec.-Jan. EXPENDITURES	Dec.-Jan. DESIGNATED
I. MISSION MINISTRIES.....	\$17,749.59	\$5,284.20
(percentages paid <u>only</u> on undesignated gifts)		
A. Cooperative Program		
Home Missions	(10%) 6,507.93	- - - -
State Missions	369.00	369.00
Foreign Missions	43.00	43.00
	2,933.00	2,933.00
B. Grand Canyon University	(1%) 650.79	- - - -
C. Arizona Baptist Children's Services	(1%) 720.79	70.00
D. Private Missionary Support		
1. John & Dianne Webb (Campus Crusade)	(1%) 817.26	154.20
2. TransWorld Radio (Dennis & Carole Ford)	(1%) 701.80	50.00
3. Darrell & Carol Jackson (New Tribes Mission)	1,875.00	690.00
4. Operation Mexico Missions	(1%) 811.65	175.00
5. Seeds of Hope	(1%) 650.79	- - - -
E. Family Life Radio	(1%) 650.79	- - - -
F. Benevolence	(1%) 1,017.79	800.00
II. PAID STAFF MINISTRIES.....	\$53,531.00	-0-
A. Pastor		
1. Salary	19,399.92	
2. Housing	16,000.08	
3. Retirement	4,800.00	
4. Health, Life & Disability Insurance	7,006.00	
5. Social Security (in lieu of)	2,400.00	
6. Automobile (reimbursement)	3,600.00	
B. Secretary	- - - -	
C. Nursery Worker	- - - -	
D. Pulpit Supply	325.00	
III. CHRISTIAN EDUCATION MINISTRIES.....	\$6,574.96	\$4,245.97
A. Sunday School	605.20	- - - -
B. Christian Training	2,892.88	2,421.50
C. Women's Ministries	115.86	- - - -
D. Youth Ministries	168.64	- - - -
E. Children's Ministries	582.00	500.00
Contract Children's Ministries Worker	455.00	649.47
F. Music	1,055.38	- - - -
G. Special Training	- - - -	675.00
H. Conference & Convention (pastor)	700.00	- - - -
IV. OFFICE MINISTRIES.....	\$716.83	-0-
A. Supplies	666.83	
B. Equipment	50.00	
V. BUILDING & PROPERTIES MINISTRIES.....	\$8,695.68	\$1,250.00
A. Utilities	4,447.74	1,250.00
B. Insurance	907.00	- - - -
C. Repair & Maintenance	736.94	- - - -
D. Custodian (contract service)	2,604.00	- - - -
VI. MISCELLANEOUS MINISTRIES.....	\$3,450.67	\$25,762.00
A. Miscellaneous(publicity, flowers, etc.)	3,450.67	1,871.00
Reserve	- - - -	23,841.00
TOTALS.....	\$90,718.73	\$36,492.17

8.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-1084)

Has any person serving either by election or appointment as officers, directors, trustees, or incorporators:

1. Been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate;
2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate;
3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order:
  - (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
  - (b) involved the violation of the consumer fraud laws of that jurisdiction, or
  - (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES \_\_\_\_\_

NO X

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- |   |   |
|---|---|
| 1. Full name and prior names used.                          | 5. Date and location of birth.  |
| 2. Full birth name.   | 6. Social Security Number   |
| 3. Present home address.                                    | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). |   |

8.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-1083)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes \_\_\_\_\_ Chapter \_\_\_\_\_ Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_ No X

9. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

By Douglas Black Date 2-18-96 By Nancy Woff Date 2-18-96  
Title President Title Treasurer