



STATE OF ARIZONA CORPORATION COMMISSION



NONPROFIT CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE FOREIGN / DOMESTIC

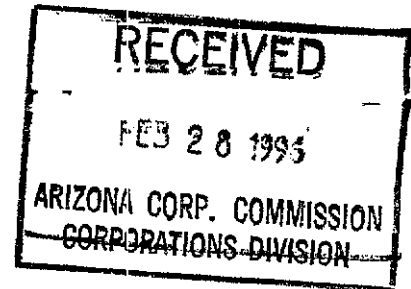
FOR FISCAL YEAR ENDING 12/31/1995

DUE ON OR BEFORE 04/15/1996

The following information is required by A.R.S. §10-1081 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. §10-1092. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0738872-8
Corporation Name: SOUTH PEORIA BAPTIST CHURCH
Address: 8979 W PEDRIA

City, State, Zip: PEORIA AZ 85345-
Domicile: ARIZONA
Type: NON-PROFIT



Arizona Statutory Agent: DONALD K BURKE
Street Address: 8435 N 104TH AVE
(NOT P.O. BOX)

City, State, Zip: PEORIA AZ 85345-

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.

Lorna M. Toliver
Statutory Agent Name

8236 W. Whittow Ave.
Address

Lorna M. Toliver
Signature

Phoenix, Az. 85033-3448
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: DONALD K BURKE

Address: 8435 N 104TH AVE

PEORIA, AZ 85345-

Date taking office: 12-28-94

SECRETARY: _____

Address: _____

Date taking office: _____

VICE PRESIDENT: HERBERT WELLS

Address: 10800 N 115TH AVE #12-51

YOUNGTOWN, AZ 85363-

Date taking office: 12-28-94

TREASURER: _____

Address: _____

Date taking office: _____

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

NAME: DONALD K BURKE

Address: 8435 N 104TH AVE

PEORIA, AZ 85345-

Date taking office: 12-28-94

NAME: WILLIAM E TOLIVER

Address: 8236 W WHITTON

PHOENIX, AZ 85033-3448

Date taking office: 12-28-94

NAME: HERBERT WELLS

Address: 10800 N 115TH AVE #12-51

YOUNGTOWN, AZ 85363-

Date taking office: 12-28-94

NAME: _____

Address: _____

Date taking office: _____



SOUTH PEORIA BAPTIST CHURCH

8979 W. PEORIA
PEORIA, AZ 85345
486-1556

State of Arizona Corporation Commission
Phoenix, Arizona

Feb. 20, 1996

Dear Sirs:

Please make the following corrections in regard to the Officers and Directors.

President: Herb Wells, 10800 N. 115th Ave. #51, Youngtown, Az.
85363 taking office 1-1-96

Vice President: David Braafhart, 10417 N. 95th Dr. #B, Peoria, Az.
85345, taking office 1-1-96

Directors: Herb Wells, same as above
David Braafhart, same as above
Leona Toliver, 8236 W. Whitton, Phx, Az. 85033, Date
taking office 1-1-96
Ron Craddock, 6227 Litchfield Rd. Sp. 49, Litchfield
Park Az. 85340, date taking office 2-20-96

please remove Donald Burke and William Toliver.

Thank you for your help.

Yours Truly

James Hayes

JAMES HAYES, PASTOR

TREASURER'S REPORT DECEMBER 1995
SOUTH PEORIA BAPTIST CHURCH

BALANCE ON HAND 11/30/95		3,974.26
RECEIPTS 'DECEMBER 1995	<u>BUDGET</u>	<u>DESIGNATED</u>
	12061.96	7353.10
TRANSFER FROM B.F.A.(BLDG.RESERVE)		19,415.06
TOTAL TO BE ACCOUNTED FOR:.....		3,419.68
		26,809.00

DISTRIBUTIONS:

MISSIONS	COOPERATIVE PROGRAM	587.65		
	ESTRELLA ASSOCIATION	<u>251.85</u>		
	TOTAL	839.50	0.00	839.50
 SALARIES	PASTOR		1103.95	
	MUSIC/YOUTH DIR.	540.00		
	CUSTODIAN	<u>80.00</u>		
	TOTAL	620.00	1103.95	1,723.95
 OTHER PERSONNEL EXPENSES	MEDICAL INSURANCE	688.21		
	ANNUITY	100.00		
	AUTO. ALLOWANCE	542.20	21.05	
	HOUSING ALLOWANCE	1020.2		
	SOCIAL SECURITY TAX	61.20		
	SALARY RESERVE	<u>1208.81</u>		
	TOTAL	3620.62	21.05	3,641.67
 EDUCATION	SUNDAY SCHOOL LITERATURE	44.76		
	BIBLE STUDY(LADIES)	<u>48.17</u>		
MINISTRY	TOTAL	92.93		92.93
 SERVICE MINISTRIES	OFFICE SUPPLIES	54.56		
	POSTAGE	120.30		
	TOGETHER WE GROW EXP.		1889.00	
	ADVERTISING		40.52	
	BENEVOLENCE		124.30	
	SPECIAL OCCASIONS	77.07		
	LOVE GIFTS	59.24	1225.00	
	POINSETTAS		102.23	
	CHRISTMAS PROJECTS		132.28	
	JANITORIAL SUPPLIES	<u>34.99</u>		
	TOTAL	346.16	3513.33	3,859.49
 BUILDING AND GROUNDS	UTILITIES	464.70		
	MORTGAGE	1481.61		
	WINDOW REPAIR	240.00		
	NEW EQUIPMENT	107.22		
	NEW CHURCH EXPENSE		<u>2436.81</u>	
	TOTAL	2293.53	2436.81	4,730.34
 GRAND TOTAL DISTRIBUTIONS				14,887.88
BALANCE ON HAND (12/31/95)				11,921.12
UNOBLIGATED BALANCE (12/31/95)				5,927.39

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 Heather M. Wells Date 2-24-96 By John L. Brughart Date 2-24-96
Title Chmn. Trustees Title Vice - chairman

AS RECEIVED