



STATE OF ARIZONA  
CORPORATION COMMISSION  
CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE

Arizona Corporation Commission



DUE ON OR BEFORE 04/21/1999

FILING FEE \$10.00

The following information is required by A.R.S. §10-1622 & §10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §10-121.A. & §10-3121.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

RECEIVED

MAR 17 1999

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

MISSING 1998 ANNUAL REPORT; CONTACT THE COMMISSION AT 542-3285!  
Corporation File Number:

-0700773-3

Business Phone: \_\_\_\_\_ (business phone is optional)

State or Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: RICHARD L MABERY  
Street Address: 549 S MAIN ST  
(NOT P.O. BOX)  
City, State, Zip: COTTONWOOD AZ 86326-

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10

Penalty \$

Reinstate \$ PAID

Expedite \$

Total \$

FY98-99

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

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

Signature of new Statutory Agent

3. Secondary Address:  
(Foreign Corporations are  
**REQUIRED** to complete  
this section.)

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- |                                                 |                                                              |
|-------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> 1. Accounting          | <input type="checkbox"/> 20. Manufacturing                   |
| <input type="checkbox"/> 2. Advertising         | <input type="checkbox"/> 21. Mining                          |
| <input type="checkbox"/> 3. Aerospace           | <input type="checkbox"/> 22. News Media                      |
| <input type="checkbox"/> 4. Agriculture         | <input type="checkbox"/> 23. Pharmaceutical                  |
| <input type="checkbox"/> 5. Architecture        | <input type="checkbox"/> 24. Publishing/Printing             |
| <input type="checkbox"/> 6. Banking/Finance     | <input type="checkbox"/> 25. Ranching/Livestock              |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate                     |
| <input type="checkbox"/> 8. Construction        | <input type="checkbox"/> 27. Restaurant/Bar                  |
| <input type="checkbox"/> 9. Contractor          | <input type="checkbox"/> 28. Retail Sales                    |
| <input type="checkbox"/> 10. Credit/Collection  | <input type="checkbox"/> 29. Science/Research                |
| <input type="checkbox"/> 11. Education          | <input type="checkbox"/> 30. Sports/Sporting Events          |
| <input type="checkbox"/> 12. Engineering        | <input type="checkbox"/> 31. Technology(Computers)           |
| <input type="checkbox"/> 13. Entertainment      | <input type="checkbox"/> 32. Technology(General)             |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio                |
| <input type="checkbox"/> 15. Health Care        | <input type="checkbox"/> 34. Tourism/Convention Services     |
| <input type="checkbox"/> 16. Hotel/Motel        | <input type="checkbox"/> 35. Transportation                  |
| <input type="checkbox"/> 17. Import/Export      | <input type="checkbox"/> 36. Utilities                       |
| <input type="checkbox"/> 18. Insurance          | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services     | <input type="checkbox"/> 38. Other _____                     |

NON-PROFIT CORPORATIONS

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

A.C.C. CORPORATIONS  
DIV  
RECEIVED

Nov 3 '99

DOCUMENTS ARE SUBJECT  
TO REVIEW BEFORE  
FILING

**5. CAPITALIZATION:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

Number of Shares/Certificates Authorized

Class

Series Within Class (if any)

Number of Shares/Certificates Issued

Class

Series Within Class (if any)

**6. SHAREHOLDERS:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation.

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

NONE ☒

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

**7. OFFICERS** (If no changes since last report, check here ☐ and go on to Section 8.) *See attached sheet*

Name: CHARLES ANDERSON

Name: ~~CARLA PONCE~~

Title: PRESIDENT/CEO

Title: ~~VICE-PRESIDENT~~

Address: 926 N MAIN ST  
COTTONWOOD, AZ 86326-

Address: ~~738 N MAIN~~  
~~COTTONWOOD, AZ 86326-~~

Date taking office: 07-01-94

Date taking office: 07-01-94

Name: ~~SCOTT BEALS~~Name: ~~HELGA FREUND~~Title: ~~SECRETARY~~Title: ~~TREASURER~~

Address: ~~913 N MAIN~~  
~~COTTONWOOD, AZ 86326-~~

Address: ~~913 N MAIN~~  
~~COTTONWOOD, AZ 86326-~~

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

**8. DIRECTORS** (If no changes since last report, check here ☐ and go on to Section 9.) *See attached sheet*Name: ~~GAYLE ZALENA~~

Name: KATHY ANDERSON

Address: ~~913 N MAIN~~  
COTTONWOOD, AZ 86326-

Address: 913 N MAIN  
COTTONWOOD, AZ 86326-

Date taking office: ~~07-01-95~~

Date taking office: 07-01-95

Name: TIM OBRIEN

Name: ~~MARK MADGE~~

Address: 913 N MAIN  
COTTONWOOD, AZ 86326-

Address: ~~913 N MAIN~~  
~~COTTONWOOD, AZ 86326-~~

Date taking office: 07-01-95

Date taking office: ~~07-01-95~~

THE OLD TOWN ASSOCIATION  
1999 Officers & Board Members

7. Officers

Charles Anderson, President  
Time For You Clocks  
1008 N. Main St.  
Cottonwood, AZ 86326

George Gehlert  
Cottonwood P & Z  
827 N. Main  
Cottonwood, AZ 86326

Kathy Anderson, Vice President  
(Verde Valley Medical)  
1008 N. Main St.  
Cottonwood, AZ 86326

Diane Lovett  
Little Daisy Motel  
34 S. Main St.  
Cottonwood, AZ 86326

Diane Lovett, *Secretary*  
President  
Little Daisy Motel  
34 S. Main St.  
Cottonwood, AZ 86326

Susan Nichols  
Mountain Lady Originals  
926 N. Main  
Cottonwood, AZ 86326

Tim, O'Brien, Treasurer  
Taylor Financial Planners  
830 S. Main St., Suite 2-I  
Cottonwood, AZ 86326

Tim, O'Brien  
Taylor Financial Planners  
830 S. Main St., Suite 2-I  
Cottonwood, AZ 86326

8. Board Members

Charles Anderson  
Time For You Clocks  
1008 N. Main St.  
Cottonwood, AZ 86326

Robert Siracusa  
Main Street Gallery  
911 N. Main St.  
Cottonwood, AZ 86326

Kathy Anderson  
(Verde Valley Medical)  
1008 N. Main St.  
Cottonwood, AZ 86326

Warren Weber  
V.V. CompuGraphics  
229 Verde Heights Dr.  
Cottonwood, AZ 86326

Mike Baker  
Cottonwood City Council  
827 N. Main St.  
Cottonwood, AZ 86326

## Financial Statement, Old Town Assoc

1/1/98 Through 12/31/98

10/29/99

OTA\_CHK-Checking

Page 1

Category Description	1/1/98- 12/31/98
<b>INCOME/EXPENSE</b>	
<b>INCOME</b>	
Ads Purchased thru OTA	925.00
Donations Received:	
City	10,000.00
Mural	2.00
Donations Received - Other	40.00
<b>Total Donations Received</b>	<b>10,042.00</b>
Event Revenue:	
10/16/98 Mixer: Old Town	584.94
Antique Show	2,780.00
Chocolate Walk	2,329.00
Cinco de Mayo	4,034.28
Halloween	983.66
Holiday Bazaar	1,249.00
Night on the Old Town	365.00
Sidewalk Sale	371.10
Verde River Day	1,557.37
Word Find	130.00
<b>Total Event Revenue</b>	<b>14,384.35</b>
Grants, etc:	
AZ Main St	4,500.00
<b>Total Grants, etc</b>	<b>4,500.00</b>
Membership Dues:	
\$10 each	60.00
Dues: \$25	1,000.00
Membership Dues - Other	1,816.65
<b>Total Membership Dues</b>	<b>2,876.65</b>
Other Income	5.00
Promotional Sales:	
Candy, etcl	30.00
Ornaments	170.00
T Shirts	512.00
Promotional Sales - Other	1.00
<b>Total Promotional Sales</b>	<b>713.00</b>
Sale of OTA Assets	100.00
<b>TOTAL INCOME</b>	<b>33,546.00</b>
<b>EXPENSES</b>	
Advertising	5,616.01
Award Expense:	
Main St. Award Exp	450.00
<b>Total Award Expense</b>	<b>450.00</b>
Bank Charge	2.25
Bank Chg for Checks	56.75
Committee expenses:	
Econ. Restr.	-121.76
Membership Committee	20.37
Promotion Committee	3,342.39
<b>Total Committee expenses</b>	<b>3,241.00</b>

# Financial Statement, Old Town Assoc

1/1/98 Through 12/31/98

10/29/99

Page 2

OTA\_CHK-Checking

Category Description	1/1/98- 12/31/98
Cost of Hosting Mtgs	461.52
Cost of Mural	710.74
Donations Given	0.00
Donations Paid	525.00
Dues	260.00
Education	20.00
Event Expenses:	
10/16/98 Mixer: Old Town	649.34
Antique Show	964.93
Art Walk	7.81
Chocolate Walk	487.95
Cinco de Mayo	4,444.96
Halloween	602.80
Holiday Bazaar	119.08
Night on the Old Town	602.07
Sculpture Symp	652.17
Sidewalk Sale	118.02
Sweet Lips	162.58
Verde River Day	390.39
Event Expenses - Other	89.92
Total Event Expenses	9,292.02
Office Equipment Repair	624.47
Office Expenses	965.65
Petty Cash	135.00
Stamps, etc.	333.00
Subscriptions	311.00
Supplies	329.01
Taxes:	
Ariz. Sales Tax	89.00
Fed Withholding	-447.00
Federal Tax	1,217.04
Medicare Tax	53.10
Soc Sec Tax	198.44
State Tax	-9.80
Total Taxes	1,100.78
Telephone Expense	1,418.98
Volunteer Appreciation Ev	40.00
Wages & Job Credits	8,900.30
Expenses - Other	0.00
<b>TOTAL EXPENSES</b>	<b>35,158.24</b>
<b>TOTAL INCOME/EXPENSE</b>	<b>-1,612.24</b>

# Balance Sheet

As of 12/31/98

10/29/99

OTA\_CHK-Checking

Page 1

Acct	12/31/98 Balance
<b>ASSETS</b>	
Cash and Bank Accounts	
Wells Fargo	6,150.33
Total Cash and Bank Accounts	6,150.33
TOTAL ASSETS	6,150.33
<b>LIABILITIES &amp; EQUITY</b>	
LIABILITIES	0.00
EQUITY	6,150.33
TOTAL LIABILITIES & EQUITY	6,150.33

**9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)**

Only nonprofit corporations must **attach** a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

**9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only**

This corporation **does** ☒ **does not** ☐ have members.

**10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-2505.A)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:

1. 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. 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. 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 involved the violation of:

- (a) fraud or registration provisions of the securities laws of that jurisdiction, or  
(b) the consumer fraud laws of that jurisdiction, or  
(c) the antitrust or restraint of trade laws of that jurisdiction?

One box **must** be marked:

**YES** ☐

**NO** ☒

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). |                                                                                                                                                                             |

**11. STATEMENT OF BANKRUPTCY (A.R.S. §10-202.D.2)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation?

One box **must** be marked:

**YES** ☐

**NO** ☒

If YES, enter the following:

Chapter \_\_\_\_\_ Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_

~~If YES, the following information must be submitted as an attachment to this report for each person subject to the statement above:~~  
1) The names and addresses of each corporation and the person or persons involved. 2) The state in which each corporation was a) incorporated b) transacted business. 3) The dates of corporate operation.

**12. SIGNATURES**

**CAUTION:** Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures will be rejected.

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.

Name <u>CHARLES ANDERSON</u>	Date _____	Name <u>TIM O'BRIEN</u>	Date <u>3/15/99</u>
Signature <u>Charles Anderson</u>		Signature <u>Tim O'Brien</u>	
Title <u>PRESIDENT</u>		Title <u>TREASURER</u>	

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)