



STATE OF ARIZONA
CORPORATION COMMISSIC
CORPORATION ANNUAL REPOI
& CERTIFICATE OF DISCLOSUF

Arizona Corporation Commission



00334544

DUE ON OR BEFORE 04/01/2001

FY00-01

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.**

1. -0827177-0

SHILOH SPIRITUAL GROWTH MINISTRIES

~~4115 N 10TH ST~~ } 6055 S. 46th St.
~~PHOENIX, AZ 85014~~ } Phx, Az 85040

A.C.C. CORPORATIONS DIV.
RECEIVED
JUL 02 2001
DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING

DELINQUENT ANNUAL REPORT 06/20/2001; CONTACT THE COMMISSION AT 542-32851

Business Phone: 602-454-1349 (Business phone is optional)

State of Domicile: **ARIZONA**

Type of Corporation: **NON-PROFIT**

2. Arizona Statutory Agent: **LINDA J HUMES**

Street Address: ~~4115 N 10TH ST~~
~~PHOENIX, AZ 85014~~

} 6055 S. 46th St.
Phx, Az 85040

City, State, Zip:

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10

Penalty \$ _____

Reinstate \$ _____

Expedite \$ _____

Resubmit \$ _____

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 type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Political |
| <input checked="" 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 |
| <input type="checkbox"/> 17. Industrial or trade association |
| <input type="checkbox"/> 18. Other _____ |

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 PLEASE TYPE OR PRINT CLEARLY.Name: Linda J. HumesTitle: PresidentAddress: 6055 S. 46th St
Phx, Az 85040Date taking office: 1-16-98Name: Linda J. HumesTitle: SecretaryAddress: 6055 S. 46th St.
Phx, Az 85040Date taking office: 1-16-98Name: Thomas W. HumesTitle: Vice-PresidentAddress: 6055 S. 46th St
Phx, Az 85040Date taking office: 1-16-98

Name: _____

Title: _____

Address: _____

Date taking office: _____

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY.Name: Thomas W. HumesAddress: 6055 S. 46th St
Phx, Az 85040Date taking office: 1-16-98Name: Linda J. HumesAddress: 6055 S. 46th St
Phx, Az 85040Date taking office: 1-16-98Name: Veronica Nichols-WimberlyAddress: 2564 N. Lema Dr.
Mesa, Az 85215Date taking office: 1-16-98

Name: _____

Address: _____

Date taking office: _____

Shuloh Spiritual Growth Ministries

(Business Corporation Name)

0827177-0

(File Number)

8. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. §10-1622.A.11.)

Complete the following Balance Sheet: OR

- attach a copy of Schedule L, Form 1120 filed with either the Internal Revenue Service or Arizona Department of Revenue; OR
- attach a copy of the corporation's financial statement as provided to shareholders pursuant to A.R.S. §10-1602.B.4. Inspection of Records by Shareholders; OR
- attach a copy of your Financial Report to Shareholders as required by A.R.S. §10-1621, OR
- If no business conducted this fiscal year, so state.

BALANCE SHEET

ASSETS

Current Assets:

Cash

\$ 0

Trade notes and accounts receivable
(less allowance for bad debts)

0

Inventories

0

Other current assets

0

Total Current Assets

\$ 0

Investments

0

Land, buildings and other fixed assets
(net of accumulated depreciation)

0

Intangible assets (net of amortization)

0

Loans to shareholders

0

Other assets

0

Total Assets

\$ 0

LIABILITIES AND OWNERS' EQUITY

Current Liabilities:

Accounts Payable

\$ 0

Mortgages, notes, bonds

0

(payable in less than 1 year)

0

Other current liabilities

Total current liabilities

\$ 0

Mortgages, notes, bonds

0

(payable in more than 1 year)

0

Loans from shareholders

0

Other liabilities

Total Liabilities

\$ 0

Capital stock:

(a) Preferred stock

0

(b) Common stock

0

Paid-in-or capital surplus

0

Less cost of treasury stock

0

Retained earnings

0

Total Capital

\$ 0

TOTAL LIABILITIES AND EQUITY

\$ 0

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

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 & 10-11622.A.7)

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: [Underlined portion pertains to profit corporations only]

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 & 10-3202.02)

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? [Underlined portion pertains to profit corporations only]

One box **must** be marked:

YES ☐

NO ☒

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 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 Linda J. Humes Date 7/2/01 Name _____ Date _____

Signature Linda J. Humes Signature _____

Title President Title _____

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