



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

Arizona Corporation Commission



00452446

DUE ON OR BEFORE 03/25/2002

FY01-02

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. -0162421-6
CHRISTOPHER CREEK COMMUNITY BIBLE FELLOWSHIP
104 W TIMBER CIR
PAYSON, AZ 85541

RECEIVED
MAR 04 2002

Business Phone: _____ (Business phone is optional.)
State of Domicile: **ARIZONA** Type of Corporation: **NON-PROFIT**

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

2. Arizona Statutory Agent: **G OLIN ADAMS**
Street Address: **104 W TIMBER CIR**
PAYSON, AZ 85541
City, State, Zip:

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 103.50

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 - CHURCH |
| <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 industrial or trade association |
| <input type="checkbox"/> 17. 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. **Please Type or Print Clearly.**

NONE ☒ Name: _____ Name: _____
Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly.

Name: G. OLIN ADAMS

Title: PRES. CHAIRMAN OF BOARD

Address: 104. W. TIMBER CIRCLE

PAYSON, ARIZ. 85541

Date taking office: 12/01/'94

Name: RONALD BINGAMAN

Title: TREASURER

Address: 518 OVERLAND ROAD

PAYSON, ARIZ. 85541

Date taking office: 12/01/'98

Name: JOEY MALMAN

Title: SEC'Y

Address: HC-2, Box 260-Y

PAYSON, ARIZ. 85541

Date taking office: 12/01/2001

Name: TRACY PURTEE

Title: S. S. SUPT.

Address: HC-2, Box 125

PAYSON, ARIZ. 85541

Date taking office: 12/01/'99

8. DIRECTORS Please Type or Print Clearly.

Name: RICHARD SIMMONS

Address: 1401 E. GRANITE RD.

PAYSON, ARIZ. 85541

Date taking office: 12/01/'99

Name: RALPH BRYAN

Address: 4012 W. SOLANO DR. S.

PHOENIX, AZ, 85019

Date taking office: 12/01/'99

Name: ROBERT JONES

Address: HCR - 164 - R

PAYSON, ARIZ. 85541

Date taking office: 12/01/'98

Name: _____

Address: _____

Date taking office: _____

**CHRISTOPHER CREEK COMMUNITY BIBLE FELLOWSHIP
YEAR END FISCAL REPORT 12-1-2000 THRU 11-31-2001**

Beginning Balance 12-1-2000		
Checking Account	\$ 5233.84	
Savings Account	<u>10342.26</u>	
Total Beginning Balance		\$15576.10

Expenses

 Expenses for Outreach

 Missions

American Missionary Fellowship	\$ 600.00	
Western Indian Ministries	1200.00	
Payson Comm. Christian School	<u>1200.00</u>	
Total Missions Outreach		3000.00

 Special Gifts

Gifts to Individuals	2325.00	
Scholarships	<u>-0-</u>	
Total Special Gifts		2325.00

 Ministerial Expenses

Ministry Compensation & Auto Allowance	19500.00*	
Ministry Assistance	2000.00	
Guest Speakers	810.00	
General Office Supplies (tapes, copying, etc.)	375.95	
Sunday School	157.66	
AWANA	159.50	
Vacation Bible School	77.93	
IFCA International Dues	100.00	
Moody Magazine	<u>80.00</u>	
Total Ministerial Expenses		23261.04

 Utilities

Telephone Services	653.27	
Electricity	1093.27	
Gas (Propane)	<u>963.72</u>	
Total Utilities		2710.50

 Maintenance Expenses

Janitorial Compensation	975.80*	
Janitorial Supplies	226.89	
Building & Grounds	<u>270.80</u>	
Total Maintenance Expenses		1473.49

 Miscellaneous Expenses

Insurance	798.00	
Tables	255.97	
Birthday Cards	40.88	
Other Miscellaneous Expenses	<u>504.06</u>	
Total Miscellaneous Expenses		<u>1598.91</u>

Total of Above Expenses	(34368.94)
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*Includes payment for December 2001 paid in November 2001

YEAR END FISCAL REPORT 12-1-2000 THRU 11-31-2001

Income

Contributions	\$38708.07	
Interest Earned - Money Market	<u>401.72</u>	
Total Income		<u>\$39109.79</u>

Ending Balance as of November 31, 2001		<u>20316.95</u>
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Account Balances as of 11-31-2001

Checking Account	9573.15	
Savings (Money Market - Edward Jones)	<u>10743.80</u>	
Total Cash Available		<u>\$20316.95</u>

Thank you all for faithfully supporting the Lord's work.

Ronald D. Bingamon
Ronald D. Bingamon, Treasurer
1/24/02

CHRISTOPHER CREEK COMMUNITY BIBLE FELLOWSHIP

BALANCE SHEET--- FISCAL YEAR END -- LL 11/31/ 2001

ASSETS: BUILDINGS AND LAND

CHAPEL AND SUNDAY SCHOOL BUILDINGS

TOTAL INITIAL COST (WITHOUT DEPRECIATION)----- 4\$ 130,000.00

(ESTIMATED VALUE DUE TO INFLATION OF LAND ETC.

IS NOW ESTIMATED AT \$250,000.00

CASH ON HAND PER FISCAL REPORT ATTACHED.. . . .

(CHECKING AND EMERGENCY FUND RO

REPAIRS AND MAINTENANCE	20,316.95.
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TOTAL ASSETS	\$150,317.00
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ACCOUNTS RECEIVABLES- - - - - NONE

ACCOUNTS PAYABLES - - - - - NONE

NET WORTH ; \$159,317

G. OLIN ADAMS, PRES. 3?1?2002

2/1/2002

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 G. OLIN ADAMS Date 3/1/20 Name _____ Date _____

Signature [Signature] Signature _____

Title P.A.A. Title _____