



**COPY**

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

Arizona Corporation Commission



00565852

**DUE ON OR BEFORE 11/20/2002**

**FY02-03**

**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. -1009328-9**

**HANDS ACROSS THE OCEAN, INC.  
% DONALD V MCCARTHY  
2548 W KEATING AVE  
MESA, AZ 85202**

**RECEIVED**

**SEP 20 2002**

**ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION**

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

State of Domicile: **ARIZONA**

Type of Corporation: **NON-PROFIT**

**2. Statutory Agent: DONALD V MCCARTHY**

**Mailing Address: 2548 W KEATING AVE**

**City, State, Zip: MESA, AZ 85202**

**Physical Address, If Different.**

**Physical Address:**

**City, State, Zip:**

ACC USE ONLY	
Fee	\$ <u>109.25-02</u>
Penalty	\$ _____
Reinstate	\$ _____
Expedite	\$ _____
Resubmit	\$ _____

*Use this box only if appointing a new Statutory Agent*

*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 checked="" 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 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 _____   |

**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. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
NONE		

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
NONE		

**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. YOU MUST LIST AT LEAST ONE.**

Name: DR. H WILLIAM REESE

Name: KATHLEEN CAREY

Title: PRESIDENT

Title: SECRETARY

Address: 3214 S RIVER  
TEMPE, AZ 85282

Address: 6632 E MELROSE ST  
MESA, AZ 85215

Date taking office: 11/20/01

Date taking office: 11/20/01

Name: SUSAN MONE

Name: DONALD V MCCARTHY

Title: VICE PRESIDENT

Title: TREASURER

Address: 1530 N SPRING CIR  
MESA, AZ 85203

Address: 2548 W DEATING AVE  
MESA, AZ 85202

Date taking office: 11/20/01

Date taking office: 11/20/01

**8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.**

Name: PLEASE SEE ATTACHED LIST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

**HANDS ACROSS THE OCEAN, INC.  
LIST OF DIRECTORS  
FOR  
ANNUAL REPORT 2002-03**

Rev. Fred Adamson  
3201 S. Evergreen Rd.  
Tempe, AZ 85282

Edward Carey  
6632 E. Melrose St.  
Mesa, AZ 85215

Lawrence Dorsey  
1543 W. Linda Lane  
Chandler, AZ 82224

Jeannette Duffield  
944 W. Cooley  
Gilbert, AZ 85233

Donald V. McCarthy  
2548 W. Keating Ave.  
Mesa, AZ 85202

Susan Mone  
1530 N. Spring Circle  
Mesa, AZ 85203

Dr. H. William Reese  
3214 S. River  
Tempe, AZ 85282

Soane Tuita  
2948 E. Enid Ave.  
Mesa, AZ 85204

Debra Wright  
2432 W. Impala Circle  
Mesa, AZ 85202

**All of the above took office as of November 20, 2001.**

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09/03/02

Cash Basis

**HANDS ACROSS THE OCEAN, INC.**  
**Balance Sheet**  
**As of August 30, 2002**

	Aug 30, 02
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
1000 - Checking & Savings Accounts	
1002 - Bank of America	
1003 - Checking 0046 7203 4235	2,092.63
1004 - Savings 0046 7605 5003	14,990.42
Total 1002 - Bank of America	17,083.05
Total 1000 - Checking & Savings Accounts	17,083.05
Total Checking/Savings	17,083.05
Total Current Assets	17,083.05
<b>TOTAL ASSETS</b>	<b>17,083.05</b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 - Accounts Payable	197.40
Total Accounts Payable	197.40
Total Current Liabilities	197.40
Total Liabilities	197.40
Equity	
3950 - Retained Earnings	8,074.52
Net Income	8,811.13
Total Equity	16,885.65
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>17,083.05</b>

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09/03/02

Cash Basis

**HANDS ACROSS THE OCEAN, INC.****Profit & Loss**

January 1 through August 30, 2002

	Jan 1 - Aug 30, 02
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
4030 - Contributions Income	
4031 - Donations from Individuals	
4032 - Unrestricted	5,935.00
4033 - Restricted	28,671.00
Total 4031 - Donations from Individuals	34,606.00
4036 - Corporate	
4037 - Unrestricted	21,481.00
Total 4036 - Corporate	21,481.00
Total 4030 - Contributions Income	56,087.00
4035.1 - Mens Christian Fellowship Group	500.00
4040 - Fund Raising Events	
4041 - Rummage Sale	
4042 - Day of Sale Proceeds	1,424.01
4043 - Additional Book Sales	272.00
Total 4041 - Rummage Sale	1,696.01
4044 - Luau	
4045 - Tongan Community	2,139.00
4046 - Ticket Sales	2,356.00
4047 - Refreshment Sales	669.14
4048 - Auction & Sale of Tongan Items	1,000.00
4049 - Other	400.00
Total 4044 - Luau	6,564.14
4050 - Walk Through Bethlehem	107.22
Total 4040 - Fund Raising Events	8,367.37
4170 - Interest	
4171 - Bank of America, N.A.	
4071.1 - Savings Account	72.63
Total 4171 - Bank of America, N.A.	72.63
4170 - Interest - Other	14.91
Total 4170 - Interest	87.54
Total Income	65,041.91
<b>Expense</b>	
5000 - Fund Raising Expenses	
5040 - Fund Raising Events	
5043 - Rummage Sales	97.24
5044 - Luau	
5044.1 - Food	747.49
5044.2 - Refreshments	231.78
5044.3 - Other	123.55
Total 5044 - Luau	1,102.82
Total 5040 - Fund Raising Events	1,200.06
Total 5000 - Fund Raising Expenses	1,200.06
6000 - Mission Expenses	
6005 - Items Purchased to be Donated	
6006 - Medical Supplies	2,054.63
6007 - Tools & Building Materials	4,920.62
6008 - Home Visits	485.43
6009 - Religious Organization(s)	1,238.73
6009.11 - Schools	645.88
6009.19 - Other	53.82

4:25 PM

09/03/02

Cash Basis

**HANDS ACROSS THE OCEAN, INC.****Profit & Loss****January 1 through August 30, 2002**

	Jan 1 - Aug 30, 02
Total 6005 · Items Purchased to be Donated	9,399.11
6010 · Shipping & Packing	
6010.1 · Boxing Materials	282.78
6010.2 · Freight In	1,600.00
6010.3 · Freight Out	6,660.53
Total 6010 · Shipping & Packing	8,543.31
6016 · Team Shirts & Caps	1,773.72
6115 · Mission Travel Expense	
6115.1 · Airfare to/from Tonga	26,598.00
6115.2 · Inter/intra-island travel	4,115.51
6115.3 · Team Room & Board	3,382.45
Total 6115 · Mission Travel Expense	34,095.96
6119 · Misc	-57.20
Total 6000 · Mission Expenses	53,754.90
6700 · Administrative Expenses	
6120 · Bank Service Charges	23.50
6200 · Interest Expense	
6210 · Credit Card Finance Charge	46.46
Total 6200 · Interest Expense	46.46
6240 · Miscellaneous	13.00
6250 · Postage and Delivery	37.00
6265 · Organization Cost	883.21
6340 · Telephone	80.92
6350 · Travel & Ent	
6370 · Meals	172.34
Total 6350 · Travel & Ent	172.34
6550 · Office Supplies	19.39
Total 6700 · Administrative Expenses	1,275.82
Total Expense	56,230.78
Net Ordinary Income	8,811.13
Net Income	8,811.13

**HALLMAN & AFFILIATES, P.C.**  
LAW OFFICES

HUGH L. HALLMAN

2011 NORTH CAMPO ALEGRE ROAD  
SUITE 100  
TEMPE, ARIZONA 85281

(480) 424-3900 (O)  
(480) 424-3920 (F)  
HALLMANLAW@POBOX.COM

September 17, 2002

Arizona Corporation Commission  
Corporations Division  
1300 West Washington  
Phoenix, AZ 85007-2929

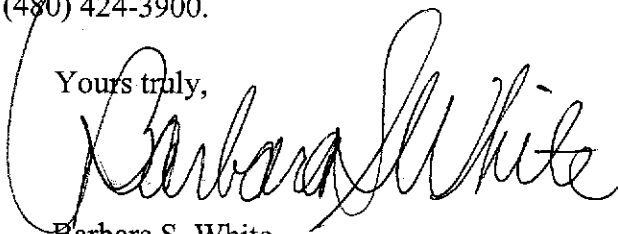
**Hands Across The Ocean, Inc.**  
**File No.: 1009328-9**

Enclosed is an Annual Report for the above referenced corporation. Please deduct the appropriate amount from **Hallman & Associates, P.C.'s Money On Deposit account: #001546**, and provide me with a receipt.

Please stamp the enclosed copy with the file or received date and return it to me in the enclosed self addressed, stamped envelope.

Thank you for your assistance in this matter. If you have any questions or need additional information, please call me at (480) 424-3900.

Yours truly,



Barbara S. White

bsw  
Enclosures

**A.C.C. CORPORATIONS DIV.**  
**RECEIVED**

**SEP 20 2002**

**DOCUMENTS ARE SUBJECT  
TO REVIEW BEFORE FILING**

*copy*

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

Nonprofit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

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

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/or 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 business 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, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.02, 10-1623 & 10-11623)**

A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: **YES** ☐ **NO** ☒

B) Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or 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 business corporations only]

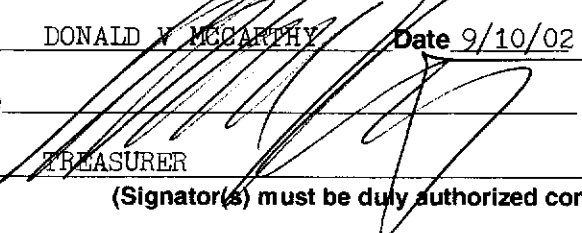
One box must be marked: **YES** ☐ **NO** ☒

If "YES" to A and/or B, 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. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

**12. SIGNATURES:** Annual Reports must be signed and dated by at least one duly authorized officer or they 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>DONALD V MCCARTHY</u>	Date	<u>9/10/02</u>	Name	_____	Date	_____
Signature		Signature	_____	Signature	_____	Signature	_____
Title	<u>TREASURER</u>	Title	_____	Title	_____	Title	_____

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