



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

Arizona Corporation Commission



00651471

DUE ON OR BEFORE 04/10/2003

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. F-0017443-1

THE HOLY SPIRIT ASSOCIATION FOR THE UNIFICATION OF WORLD CHRISTIANITY
30 W WILLETTA
PHOENIX, AZ 85003

RECEIVED

FEB 25 2003

Business Phone: _____ (Business phone is optional.)

State of Domicile: **CALIFORNIA** Type of Corporation: **NON-PROFIT**

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

DAN MANTNER FERNELIUS

2. Statutory Agent: ~~RHONDA S FLOWERS~~

Mailing Address: 30 W WILLETTA

City, State, Zip: PHOENIX, AZ 85003

Physical Address, If Different.

Physical Address:

City, State, Zip:

ACC USE ONLY

Fee \$10

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.

Dan Mantner Fernelius

Signature of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are
REQUIRED to complete
this section.)

4 WEST 43RD ST
NEW YORK, NY 10036

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
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**. **Please Print or Type Clearly.**

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.**

Name: _____ Name: _____

NONE ☐

Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly. You Must List at Least One.

Name: TOM PICARD

Title: FINANCE COMMITTEE CHAIR

Address: 5606 W AVALON CT
CHANDLER AZ 85226

Date taking office: 01/01/03

Name: RONDA J FLOWERS

Title: SECRETARY

Address: 1144 W LAIRD ST
TEMPE AZ 85281

Date taking office: 01/01/03

Name: DAN FERNELIUS

Title: TREASURER

Address: 1642 W PERSHING AV
PHOENIX AZ 85003

Date taking office: 01/01/03

Name: LUCIA ANDERSON

Title: ADVISOR

Address: 1727 W ARGON ST
MESEA AZ 85201

Date taking office: 01/01/03

8. DIRECTORS Please Type or Print Clearly. You Must List at Least One.

Name: REVEREND SOOWON KWON

Address: 30 W WILLET TA ST
PHOENIX AZ 85003

Date taking office: 01/01/03

Name: STAFFAN BERG

Address: 508 E VISTA DEL CERRO
TEMPE AZ 85281

Date taking office: 01/01/03

Name: _____

Address: _____

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

Date	360	540	545	580	620	640	670	680	700	800	840	850
	MORTGAGE	DONATIONS	TRAVEL	PURCHASING	UTILITIES	INSURANCE	BANKS	CHG-OFF. SUPPL.	MEMBERS	PUBLICATIONS	MAINTENANCE	LESS THAN \$300
				EXPENSES					EXPENSES		AND REPAIRS	REPAIRS, ETC.
JAN	365	267	0	0	855	287	14	243	406	8	0	0
FEB	365	335	0	1856	564	681	14	184	346	78	0	26
MAR	300	500	0	438	523	0	14	444	2698	22	554	152
APR	300	0	0	0	581	0	15	208	4819	352	236	23
MAY	300	0	762	1302	117	1079	11	163	1842	120	286	46
JUN	300	0	0	0	795	0	14	292	2058	27	1190	12
JUL	300	0	1789	0	663	0	15	156	1092	71	27	39
AUG	300	0	0	0	581	323	13	72	895	8	43	95
SEP	300	1629	0	0	453	0	15	86	1211	21	34	0
OCT	600	0	0	0	423	0	12	641	925	0	0	0
NOV	0	0	532	0	201	330	13	31	0	8	72	0
DEC	300	0	476	195	468	0	14	35	115	16	0	0
TOT	3730	2731	3559	3791	6224	2700	164	2555	16317	731	2442	393
	860	940	960/785	980	720	780	740	764	240	683	600	TOTAL
JAN	0	423	238	23	39	149	0	0	0	0	0	3316
FEB	0	177	275	35	102	495	0	0	0	0	0	5531
MAR	0	558	238/223	399	83	4967	39	200	0	0	0	15051
APR	0	629	903	683	68	3383	51	0	500	0	0	12752
MAY	0	221	344	455	7	1460	44	230	1000	7	0	9794
JUN	0	513	380	435	26	651	88	0	495	0	0	7276
JUL	0	438	1705	393	92	1030	13	0	0	55	42	7921
AUG	0	489	0	120	33	0	13	0	0	55	0	2955
SEP	0	207	83	268	24	0	19	0	0	0	0	4350
OCT	0	307	578	86	47	110	0	0	0	0	0	3927
NOV	0	79	143	0	7	259	0	0	0	0	0	1676
DEC	0	555	1765	0	4	132	0	1922	0	0	0	5997
TOT	0	4596	9575	2897	3429	12636	267	2352	1995	117	42	80346

F-0017443-1

DATE	400		410		OTHER	BEG. BAL.	INCOME - EXPENSE	END BAL.	TOTAL
	FUNDRAISING	DONATIONS							
JAN	0	3345	50			88	79	167	3395
FEB	5049	2573	292			172	2383	2555	7914
MAR	0	10048	4705			2555	(298)	2257	14753
APR	733	4514	10484			2257	2979	5236	15731
MAY	4565	2307	998			5236	(1924)	3312	7870
JUN	0	2402	6341			3312	1468	4780	8743
JUL	0	2899	1080			4780	(3953)	827	3969
AUG	0	4501	0			827	1546	2373	4501
SEP	0	3932	500			2373	82	2455	4432
OCT	0	2463	452			2455	(812)	1642	2915
NOV	0	3125	0			1642	1449	3091	3125
DEC	335	5051	0			3091	(610)	2481	5386
TOT	10682	47160	24902			—	—	—	82734

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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 DAN M FERNELIUS Date 02/21/03 Name _____ Date _____
Signature Dan M Fernelius Signature _____
Title TREASURER Title _____

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