



WEB FORM
COPY

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



01085324



DUE ON OR BEFORE 07/30/2004

FY04-05

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 on page 4 for proper format.

A.C.C. CORPORATIONS DIV.
RECEIVED

1. -0997475-4
ONE STEP BEYOND, INC.
% WILCOX & WILCOX PC
3030 N CENTRAL AVE #705
PHOENIX, AZ 85012

DEC 22 2004 C

DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING

* DELINQUENT ANNUAL REPORT 11/24/2004; CONTACT THE COMMISSION AT 602-542-3285!

Business Phone: _____ (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Statutory Agent: WILCOX AND WILCOX PC
Mailing Address: 3030 N CENTRAL AVE #705
City, State, Zip: PHOENIX, AZ 85012

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.

Signature of new Statutory Agent

Printed Name of new Statutory Agent

3. 897236 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

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

NON-PROFIT CORPORATIONS

- ☒ 1. Charitable
- ☐ 2. Benevolent
- ☐ 3. Educational
- ☐ 4. Civic
- ☐ 5. Political
- ☐ 6. Religious
- ☐ 7. Social
- ☐ 8. Literary
- ☐ 9. Cultural
- ☐ 10. Athletic
- ☐ 11. Science/Research
- ☐ 12. Hospital/Health Care
- ☐ 13. Agricultural
- ☐ 14. Animal Husbandry
- ☐ 15. Homeowner's Association
- ☐ 16. Professional, commercial industrial or trade association
- ☐ 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)

N/A - NON-PROFIT

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 PRINT OR TYPE CLEARLY.

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

7. OFFICERS PLEASE PRINT OR TYPE CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: <u>MIMI ROGERS</u>	Name: _____
Title: <u>CEO</u>	Title: _____
Address: <u>7646 W. JULIE</u>	Address: _____
<u>GLENDALE AZ 85308</u>	_____
Date taking office: <u>JULY 2001</u>	Date taking office: _____
Name: <u>CARRIE WILCOX</u>	Name: _____
Title: <u>SECRETARY</u>	Title: _____
Address: <u>3030 N. CENTRAL, STE 705</u>	Address: _____
<u>PHOENIX AZ 85012</u>	_____
Date taking office: <u>OCTOBER 2002</u>	Date taking office: _____

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

Name: <u>SEE ATTACHED</u>	Name: _____
Address: _____	Address: _____
_____	_____
Date taking office: _____	Date taking office: _____
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Date taking office: _____	Date taking office: _____



One Step Beyond, Inc

One Step Beyond, Inc Board of Directors

Chairman Dr. Patrick Kennedy, M.D. 5757 W Thunderbird Dr.# W404, Glendale, AZ-85306
(602) 938-6800 madmax112@msn.com

Vice Chairman Mrs. Carrie Wilcox 3030 N. Central Ave Suite 705 Phoenix AZ-85012 (602)
631-4004 theanglesocietyinc@yahoo.com

Treasurer Mr. Thomas Joyce 7002 W. Aurora Dr. Glendale, AZ-85308 (623) 362-0303
bigtree@concentric.net

Secretary Mrs. Nancy Root 10014 N 109th Ave Sun City, AZ-85351 (623) 977-9617
sgroot@aol.com

Mrs. Kathleen Gibson 18425 N. 36th Dr. Glendale, AZ-85308 (602) 843-8177
kgibsoninphx@msn.com

Mrs. Sharon Harper 7251 N. Central Ave Phoenix AZ-85020 (602) 9453-3591
sharonharper@theplazaco.com

Mrs. Doris Lawson 5822 N. 22 Pl Phoenix, AZ-85016 (602) 955-8654
dorisl@cox.net

Miss Vonise Petersen 9012 Sierra Pinta Dr. Peoria, AZ-85382 (623) 925-5946
vonise@cox.net

Mr. Joseph Rogers 7646 W. Julie Dr. Glendale AZ-98308 (623) 561-1643
joseph.rogers@sunhealth.org

Dr. Bob Root, 10014 N 109 Ave, Sun City AZ-85351 (623) 977-7617
sgroot@aol.com

Mrs. Jackie Stanley, 8401 W Monroe Peoria, AZ-85345 (623) 773-7436
jackies@peoriaaz.com

ONE STEP BEYOND INC
SIX MONTH FINANCIAL STATEMENT

EXPENSES:

	OCT'03	NOV'03	DEC'03	JAN'04	FEB'04	MAR'04	YEAR TO DATE
Rent & Utilities *	1,456.21	1,395.60	1,558.09	5,837.63	407.30	2,328.44	12,982.27
Telephone	62.24	10	79.21	33.09	63.44	258.96	486.94
Insurance	401.50		1,665.50		1,665.50		3,732.50
Administrative Supplies	335.97	188.67	21.80		360.90	652.56	1,559.90
Educational Supplies	221.53	683.23	348.36	1,048.68	759.77	1,039.90	4,101.47
Recreational Fees		34.42	621.67	625.05	417.80	203.22	1,802.16
Transportation **	18,136.73	1,722.76	205.02	534.43	777.80	508.41	21,885.15
Consultation Fees:							
Legal & Tax				108.00	708.50	15.00	831.50
Program Development			350.00	25.00	100.00		475.00
Payroll Fees	92.85	49.80		165.80	125.55	125.40	559.40
Salaries	3,218.93	2,825.03	6,515.25	5,657.14	8,465.83	14,980.78	41,663.96
Payroll Taxes	778.74	1,577.25	1,578.77	1,912.02	2,757.66	4,082.71	12,687.15
Promotional / Fundraising	71.25	120.01	6.02		224.28	42.00	463.56
In Kind Administrative							
CEO (full time)	3,333.00	3,333.00	3,333.00	3,333.00	3,333.00	3,333.00	19,998.00
Attorney (as needed)				100.00	100.00		200.00
Accountant 10%	300.00	300.00	300.00	300.00	300.00	300.00	1,800.00
Total Expenses	28,398.95	12,239.77	16,582.89	19,679.84	20,567.33	27,870.38	125,338.96

REVENUE

	OCT'03	NOV'03	DEC'03	JAN'04	FEB'04	MAR'04	YEAR TO DATE
DES/DDD *		9,900.30	11,328.05		13,854.20	33,516.87	68,599.42
Participant Contributions		190.00	230.00	247.00	571.00	697.00	1,935.00
Grants **	1,000.00		65,000.00				66,000.00
Charitable Donations	1,000.00	30.00		1,841.00	1,692.00	220.00	4,783.00
Startup Loan	22,104.58	2,000.00					24,104.58
Miscellaneous Refunds							
Inkind Administrative							
CEO (full time) ***	3,333.00	3,333.00	3,333.00	3,333.00	3,333.00	3,333.00	19,998.00
Attorney (as needed)				100.00	100.00		200.00
Accountant 10% ****	300.00	300.00	300.00	300.00	300.00	300.00	1,800.00
Total Revenue	27,737.58	15,753.30	80,191.05	5,821.00	19,850.20	38,066.87	187,420.00

ONE STEP BEYOND INC
2003 (12 MONTH FINANCIAL STATEMENT)

EXPENSES:	JAN '03	FEB '03	MAR '03	APRIL '03	MAY'03	JUNE'03	JULY'03	AUG'03	SEPT'03	OCT '03	NOV '03	DEC '03	YEAR TO DATE
Rent & Utilities *													
Telephone/Internet	110.00	110.00	110.00	110.00	110.00	110.00	2,794.95	110.00	1,608.63	1,455.21	1,385.80	1,558.09	8,813.48
Insurance							110.00	1,086.00	110.00	52.24	10.00	79.21	1,241.45
Administrative Supplies	42.00	405.91	98.28	15.00	859.07		82.65	253.81	94.26	335.97	188.67	1,665.50	3,163.00
Educational Supplies				340.00	759.43		67.06	634.87	585.19	221.53	683.23	348.36	2,397.32
Recreational Fees											34.42	621.67	656.09
Transportation **	323.00	90.00	90.00	90.00	90.00	105.67	90.00	90.00	179.22	18,136.73	1,722.76	205.02	21,212.70
Consultation Fees				700.00		100.00	700.00		200.00				1,700.00
Legal & Tax				200.00									200.00
Program Development	1,094.00				167.65							350.00	1,601.65
Payroll Fees													142.65
Salaries								133.00		92.85	49.80		12,663.21
Payroll Taxes										3,218.93	2,825.03	6,515.25	3,934.76
Promotional/Fundraising	45.42	318.03	186.47	168.08	94.24	147.46	28.00	545.35	134.20	71.25	120.01	6.02	1,864.53
Employee Professional Dev					610.00								610.00
Loan Payments	220.00					37.47	2,639.98						2,897.45
In Kind Administrative													0.00
CEO (full time)										3,333.00	3,333.00	3,333.00	9,999.00
Attorney (as needed)			100.00	100.00									200.00
Accountant 10%										300.00	300.00	300.00	900.00
Total Expenses	1,834.42	823.94	584.75	1,723.08	2,680.39	500.90	6,532.54	2,863.13	2,912.50	28,398.95	12,239.77	16,582.69	77,777.06

	JAN '03	FEB '03	MAR '03	APRIL '03	MAY '03	JUNE '03	JULY '03	AUG '03	SEPT '03	OCT '03	NOV '03	DEC '03	YEAR TO DATE
Revenues													
DES/DDD *											9,900.30	11,328.05	21,228.35
Participant Contributions											190.00	230.00	420.00
Grants**	2,000.00			4,000.00			3,000.00		2,000.00	1,000.00		65,000.00	77,000.00
Charitable Donations	300.00	200.00	200.00	2,500.00	200.00	200.00	200.00	300.00	300.00	1,000.00	30.00		5,430.00
Startup Loan		752.78		940.27	1,453.11	147.46	2,000.00	3,000.00	2,000.00	22,104.58	2,000.00		34,398.20
Miscellaneous Refunds				0.27	1.06	0.94		130.00	75.66				207.93
Inkind Administrative													
CEO (full time) ***	3,333.00	3,333.00	3,333.00	3,333.00	3,333.00	3,333.00	3,333.00	3,333.00	3,333.00	3,333.00	3,333.00	3,333.00	39,996.00
Attorney (as needed)			100.00	100.00									200.00
Accountant 10% ****							300.00	300.00	300.00	300.00	300.00	300.00	1,800.00
Total Revenue	5,633.00	4,285.78	3,633.00	10,873.54	4,987.17	3,681.40	8,833.00	7,063.00	8,008.66	27,737.58	15,753.30	80,191.05	180,680.48

EXPLANATORY NOTES TO ACCOMPANY FINANCIAL REPORTS

1. Two financial reports are supplied here:

October – 2003 - March 2004 six months operational expenses. We opened our Stepping Out Program on October 6, 2003.

January – December 2003 twelve month operational expenses. From July 2002 through September 2003, the CEO Mimi Rogers was working alone to assess need for programs, create a business plan, acquire necessary licensure, and enroll clients for the program.

2. Please note for 2003 revenues are significantly greater than expenses. This is due to a large grant received from the Nina M. Pulliam Trust of \$ 65,000.00 and start up loans totaling over \$ 30,000.00
3. Please note our CEO, accountant, and attorney volunteer their services. CEO inkind salary $40,000/\text{year} = (3,333.00)/\text{month}$
Accountant inkind salary is 10% of 35,000/year $(3,500)/\text{year} = 300.00/\text{month}$.
4. DES/DDD reimburses 6-7 weeks after services are delivered; hence October reimbursements show in Nov, Nov in December; additionally, DES/DDD reimbursement can occasionally lag 2 months behind due to DES/DDD data entry delays.

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; |
| 4. Prior addresses (for immediate preceding 7 year period). | the date and location; the court and public agency involved, and the file or cause number of the case. |

11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 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 as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

[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 CAROL M. WILCOX Date 12/9/04 Name _____ Date _____

Signature CAROL M. WILCOX Signature _____

Title Secretary Title _____

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