



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

AZ Corp. Commission



01102956

DUE ON OR BEFORE 12/25/2004

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.

1. -0068881-4  
CHILD-PARENT CENTERS, INC.  
602 E 22ND ST  
TUCSON, AZ 85713

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ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Business Phone: \_\_\_\_\_

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Statutory Agent: SARAH SIMMONS  
Mailing Address: % LEWIS AND ROCA LLP  
1 S CHURCH AVE #700  
City, State, zip: TUCSON, AZ 85702-1611

Physical Address, If Different.

Physical Address:

City, State, zip:

ACC USE ONLY

Fee \$ 10.00

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. Secondary Address: 873560

908423

(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 checked="" 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**. **Please Print or Type Clearly.**

Number of Shares/Certificates **Authorized** \_\_\_\_\_ Class \_\_\_\_\_ Series Within Class (if any) \_\_\_\_\_

N/A

Number of Shares/Certificates **Issued** \_\_\_\_\_ Class \_\_\_\_\_ Series Within Class (if any) \_\_\_\_\_

N/A

**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: ATTACHED \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

Title: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

**Board of Directors  
2004-2005**

<b>Name</b>	<b>Phone Numbers</b>	<b>Mailing Address</b>	<b>E-mail</b>	<b>Committees</b>	<b>Date Seated</b>	<b>Term # &amp; Exp</b>
Elizabeth Saul President <b>Chairperson</b>		241 N. Melanie Lane Tucson, AZ 85710		Executive Personnel	1/01B 10/03P-1	(2) 10/05
Carol Somers Vice President <b>Vice-Chairperson</b>		5065 N. Placita Diaz Tucson, AZ 85718		Executive Compensation & Benefits	10/99B 10/03 VP-1	(3) 10/05
Scott Ingram Secretary <b>Secretary</b>		504 E. Marshall Peak Dr. Tucson, AZ 85737		Executive CPI (Chair)	10/99 B 10/03 S-1	(3) 10/05
Cornelia Long		4678 South Placita Dos Pajaritos Tucson, AZ 85730			10/04	(1) 10/6
Jesus Castro		Arquitectura, Ltd. 196 West Simpson St. Tucson, AZ 85701-2269		Physical Resources	10/02	(1) 10/04
Darleen Chavira Chavez		2454 W. Tucana Tucson, AZ 85745 bs 14 E.2nd St. Tuc 85705		Compensation & Benefits	10/03	(1) 10/05
Alice Paul		1525 W. San Annetta Dr. Tucson, AZ 85704		CPI	10/00	(2) 10/04
Tim Rieger		2919 E. Broadway Tucson, AZ 85716			10/04	(1) 10/06
Allen Chin		3424 W. Quilhaven Tucson, AZ 85745			10/04	(1) 10/06
Helen Ross <b>Treasurer</b>		6311 N. Canon del Pajaro Tucson, AZ 85750		CPI	10/03	(1) 10/05
Angie Valenzuela		2845 E. Tenth Street Tucson, AZ 85716-5208		CPI	10/03	(1) 10/05
Kay Rencken		7356 Calle Merida.			10/04	(1)

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**Board of Directors  
2004-2005**

		Tucson, AZ 85710				10/06
Anita Royal		10 East Pennington Tucson, AZ 85701			10/04	(1) 10/06
Lizeth Soto		7488 N. Meredith Blvd Tucson, AZ 85741				
Mike Rivera		450 Durango Nogales, AZ 85621				
Lori Welker		650 W. Union #116 Benson, AZ 85602				
Keri Dahlquist		413 W. 16 <sup>th</sup> Safford, AZ 85546		CPI		
Tammy Trammell		86 Three Bar Drive Duncan, AZ, 85534		CPI		

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Note: Amounts used in attached schedules and in this column should be end of year amounts.

(a)  
Beginning of year

(b)  
End of year

**Assets**

A1	Cash		00	A1		00
A2a	Accounts receivable	A2a	00			
	b Less: allowance for doubtful accounts	A2b	00			
	c Line A2a less line A2b. Enter difference in column (b)		00	A2c		00
A3a	Other notes and loans receivable - attach schedule	A3a	00			
	b Less: allowance for doubtful accounts	A3b	00			
	c Line A3a less line A3b. Enter difference in column (b)		00	A3c		00
A4	Inventories		00	A4		00
A5	Investments (securities) - attach schedule		00	A5		00
A6	Investments (other) - attach schedule		00	A6		00
A7a	Land, buildings, and equipment; basis	A7a	00			
	b Less: accumulated depreciation - attach schedule	A7b	00			
	c Line A7a less line A7b. Enter difference in column (b)		00	A7c		00
A8	Other assets - describe		00	A8		00
A9	Total assets - add lines A1 through A8		00	A9		00

**Liabilities**

A10	Accounts payable and accrued expenses		00	A10		00
A11	Mortgages and other notes payable - attach schedule		00	A11		00
A12	Other liabilities - describe		00	A12		00
A13	Total liabilities - add lines A10 through A12		00	A13		00

**Net Assets**

A14	Capital stock or trust principal		00	A14		00
A15	Paid-in or capital surplus		00	A15		00
A16	Retained earnings or accumulated income		00	A16		00
A17	Total net assets - add lines A14 through A16		00	A17		00
A18	Total liabilities and net assets - add lines A13 and A17		00	A18		00

**Certification** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here

Signature of officer	Date	Title
<i>Marianne DeVries</i>	13-5-04	
Preparer's signature	Date	
DeVries, Carpenter & Associates, P.C.		86-0695888
Firm's name (or preparer's, if self-employed)		Preparer's TIN
4349 E Fifth St, Tucson, AZ		85711
Firm's address		Zip code

**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. -0068881-

**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.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 ELIZABETH SAUL Date 11-3-04 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature Elizabeth W. Saul Signature \_\_\_\_\_

Title PRESIDENT Title \_\_\_\_\_

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