



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

AZ Corp. Commission
01162502

DUE ON OR BEFORE 04/01/2005

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. -0814887-6
GABA, INC.
PO BOX 43273
TUCSON, AZ 85733

RECEIVED

MAR 30 2005

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: _____

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Statutory Agent: RICHARD FORCIER Donna Aversa Physical Address, If Different.
Mailing Address: 8612 E CALLE BOGOTA 1440 N. Oracle Rd #2 Physical Address:
City, State, Zip: TUCSON, AZ 85715 City, State, Zip:
85764

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.

Donna Aversa

Signature of new Statutory Agent

Donna Aversa

Printed Name 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 type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Cultural |
| <input checked="" 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 Print or Type Clearly.**

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.

Number of Shares/Certificates **Authorized**

Class

Series Within Class (if any)

5b. 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 **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: Steve Wilson

Name: David Griffiths

Title: President

Title: Vice-President

Address: 4601 N. Via Noriega
Tucson, AZ 85749

Address: 6136 E. San Cristobal St.
Tucson, AZ 85715

Date taking office: Jan, 2003

Date taking office: Jan, 2005

Name: Andy Stevens

Name: Peggy Jacobsen

Title: Secretary

Title: Treasurer

Address: 2017 N. Swan Rd
Tucson, AZ 85712

Address: 3031 W. St Tropaz
Tucson, AZ 85713

Date taking office: Jan, 2005

Date taking office: Jan, 2004

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

Name: Steve Graeber

Name: _____

Address: 16355 S. Petrified Forest Dr
Sahuarita, AZ 85629

Address: _____

Date taking office: Jan, 2000

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

GABA
Profit & Loss
January - December, 2004

	<u>Jan 1 - Dec 30, 04</u>
Ordinary Income/Expense	
Income	
Advertising Income	2,873.61
Contributions	1,650.00
Membership Dues	
DM Membership	23,790.00
General Membership	10,779.00
Total Membership Dues	<u>34,569.00</u>
 Merchandise Sales	
GABA Gear Sales	5,829.50
GABA Gear Expense	<u>(6,243.34)</u>
Total Merchandise Sales	(413.84)
 Ride Fees	
Interest Income	160.70
Miscellaneous Income	779.00
Total Income	<u>91,418.05</u>
 Expense	
Bank Service Charges	298.02
Bond	362.00
Donations	
BICAS	1,000.00
Care Fair	1,000.00
July 4th Tour for Tsn Children	1,000.00
Latin American Social Club	2,115.00
PBAA	3,900.00
Safe Routes to School	100.00
Tucson Bicycle Classic	1,000.00
Total Donations	<u>10,115.00</u>
 Dues & Subscriptions	
Adventure Cycling	70.00
League of American Bicyclists	85.00
Total Dues & Subscriptions	<u>155.00</u>
 Education	
Airfare	870.60
Books	300.00
Education - Other	3,243.65
Total Education	<u>4,414.25</u>
 Insurance	
Liability Insurance	2,134.00
Ride Insurance	2,101.02
Total Insurance	<u>4,235.02</u>

GABA
Profit & Loss
January - December, 2004

	<u>Jan 1 - Dec 30, 04</u>
Licenses and Permits	200.00
Meeting Expenses	
Entertainment	750.00
Refreshments	2,816.49
Total Meeting Expenses	<u>3,566.49</u>
Mileage	276.84
Postage & Delivery	
Bulk Permit 2312 Postage	1,900.00
Other Postage	608.43
Total Postage & Delivery	<u>2,508.43</u>
Printing & Reproduction	
Other Printing	505.21
Update Printing	8,058.44
Printing & Reproduction - Other	68.09
Total Printing & Reproduction	<u>8,631.74</u>
Rent	
Meeting Room	1,105.00
PO Box 43273	76.00
Storage Unit	1,400.46
Total Rent	<u>2,581.46</u>
Ride Food, Lodging, and Travel	
Port-a-Johns	769.64
Camping	804.00
Fuel	600.67
Lodging	7,183.34
Mileage Reimbursements	4,049.70
Miscellaneous	509.48
Refund	551.00
Ride Meals	5,426.87
Sag Food & Beverage	8,939.46
Scouting Expenses	39.69
Showers	149.00
Staff Meals	142.50
Vehicle Rental	1,501.21
Total Ride Food, Lodging, and Travel	<u>30,666.56</u>
Supplies	
Bike Cases	667.12
Miscellaneous	501.61
Office	308.21
QuickBooks Software	329.15
Shed Supplies	300.00
Supplies - Other	55.76

2:33 PM
12/30/04
Accrual Basis

GABA
Profit & Loss
January - December, 2004

	<u>Jan 1 - Dec 30, 04</u>
Total Supplies	2,161.85
Swapmeet	774.48
Website Expenses	299.38
Total Expense	<u>71,246.52</u>
Net Ordinary Income	<u>20,171.53</u>
Net Income	<u><u>20,171.53</u></u>

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.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 other 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 Peggy Jacobsen Date 3/23/05 Name _____ Date _____Signature Peggy Jacobsen Signature _____Title Treasurer Title _____

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