



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

AZ Corp. Commission



01167372

DUE ON OR BEFORE 04/06/2005

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. -0965154-0
PHOENIX CHRISTIAN COUNSELING ASSOCIATES
702 E THUNDERBIRD #2
PHOENIX, AZ 85022

RECEIVED

MAR 30 2005

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: 602-548-8508 (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Statutory Agent: JOAN P COOK
Mailing Address: 702 E THUNDERBIRD #2
City, State, Zip: PHOENIX, AZ 85022

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. 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 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 |
| <input type="checkbox"/> 17. Industrial or trade association |
| <input checked="" type="checkbox"/> 17. Other Counseling Center |

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)

N/A

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)

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: Juan Cook

Name: Nancy Saggio

Title: President

Title: Treasurer

Address: 702 E. Thunderbird, Ste. 2
Phoenix, Arizona 85022

Address: 702 E. Thunderbird, Ste. 2
Phoenix, Arizona 85022

Date taking office: 10/23/2000

Date taking office: 10/23/2000

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: Juan Cook

Name: Nancy Saggio

Address: 702 E. Thunderbird Rd., Ste. 2
Phoenix, Arizona 85022

Address: 702 E. Thunderbird Rd., Ste. 2
Phoenix, Arizona 85022

Date taking office: 10/23/2000

Date taking office: 10/23/2000

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

March 28, 2005

-09651540

BOARD OF DIRECTORS ROSTER

Joan Cook (and Alan Cook, ex-officio)
702 E. Thunderbird Road
Phoenix, Arizona 85022

Joan - phxcca@yahoo.com
Alan - acook903@yahoo.com

Ric Engram
18929 W. Amelia
Litchfield Park, Arizona 85340

rpeng4155@msn.com

Brent Garrison
2625 E. Cactus
Phoenix, Arizona 85032

president@swcaz.edu

Nancy Saggio
702 E. Thunderbird Road, Suite 2
Phoenix, Arizona 85022

njsaggio@juno.com

Marcia Kennedy
P.O. Box 63822
Phoenix, Arizona 85082-3822

wildmezzo@hotmail.com

✓
Phoenix Christian Counseling Assoc
Balance Sheet
December 31, 2004 12/31/04

ASSETS

Current Assets		
Checking Account 6156	\$	9,888.75
Petty Cash		50.00
Scholarship Fund 0925		1,229.96
Savings Acct 4795		9,592.80
Cert Of Deposit 3479		2,113.77
		<hr/>
Total Current Assets		22,875.28
Property and Equipment		
Computer Equipment #1		500.00
Computer Equipment #2		500.00
Office Furniture		57.29
Accum Dep-Computer #1		(194.00)
Accum Dep-Computer #2		(194.00)
		<hr/>
Total Property and Equipment		669.29
Other Assets		
		<hr/>
Total Other Assets		0.00
		<hr/>
Total Assets	\$	23,544.57
		<hr/> <hr/>

LIABILITIES AND CAPITAL

Current Liabilities		
		<hr/>
Total Current Liabilities		0.00
Long-Term Liabilities		
		<hr/>
Total Long-Term Liabilities		0.00
		<hr/>
Total Liabilities		0.00
Capital		
Retained Earnings	\$	17,269.28
Net Income		6,275.29
		<hr/>
Total Capital		23,544.57
		<hr/>
Total Liabilities & Capital	\$	23,544.57
		<hr/> <hr/>

Unaudited - For Management Purposes Only

✓
Phoenix Christian Counseling Assoc
Income Statement
For the Twelve Months Ending December 31, 2004

	Current Month		Year to Date	
Revenues				
Client Fees	\$ 14,502.50	83.42	\$ 144,121.43	87.80
Book/Resource Sales	65.00	0.37	884.50	0.54
Group/Class Payments	0.00	0.00	2,080.00	1.27
Interest Income	16.65	0.10	67.62	0.04
Misc Gifts/Donations	3,525.00	20.28	23,666.37	14.42
Scholarship	(725.00)	(4.17)	(6,814.50)	(4.15)
Test Payments	0.00	0.00	145.00	0.09
Total Revenues	17,384.15	100.00	164,150.42	100.00
Cost of Sales				
Books/Resource Matls	120.30	0.69	817.52	0.50
Labor	8,510.25	48.95	67,620.25	41.19
Labor - Anger Management	60.00	0.35	735.00	0.45
Labor - Workshop Seminar	0.00	0.00	260.00	0.16
Labor - Scholarship	(700.00)	(4.03)	(4,233.75)	(2.58)
Merchant Fees	236.11	1.36	2,056.21	1.25
Payroll Tax & Indus Insur	1,070.70	6.16	9,216.23	5.61
Test Scoring	0.00	0.00	35.00	0.02
Total Cost of Sales	9,297.36	53.48	76,506.46	46.61
Gross Profit	8,086.79	46.52	87,643.96	53.39
Expenses				
Advertising	23.90	0.14	531.80	0.32
Bank Charges	32.03	0.18	311.09	0.19
Bottled Water	26.60	0.15	245.31	0.15
Insurance Exec Liab	0.00	0.00	1,150.00	0.70
Insurance Health	423.00	2.43	2,185.65	1.33
Insurance Liability	162.41	0.93	1,771.53	1.08
Legal & Accounting	87.30	0.50	1,109.73	0.68
Licenses & Permits	0.00	0.00	418.00	0.25
Maintenance & Repairs	0.00	0.00	343.16	0.21
Office Supplies	324.55	1.87	1,830.75	1.12
Postage	0.00	0.00	1,007.00	0.61
Printing & Reproduction	0.00	0.00	151.70	0.09
Promotion	0.00	0.00	53.96	0.03
Rent	2,021.00	11.63	24,252.00	14.77
Salaries Expense	4,500.00	25.89	38,000.00	23.15
Salaries Commissions	500.00	2.88	4,997.19	3.04
Socials & Banquets	201.99	1.16	262.08	0.16
Telephone Expense	198.54	1.14	2,397.72	1.46
Tax Preparation	0.00	0.00	350.00	0.21
Total Expenses	8,501.32	48.90	81,368.67	49.57
Net Income	\$ (414.53)	(2.38)	\$ 6,275.29	3.82

For Management Purposes Only

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 Jean P. Cook Date 3-28-05 Name _____ Date _____
 Signature Jean P. Cook Signature _____
 Title Director Title _____

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