



OCT 13 2005

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

AZ Corp. Commission



01405301

DUE ON OR BEFORE 12/25/2005

FY05-06

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

RECEIVED

NOV 25 2005

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:

(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
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)
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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.**

NONE ☐ **Name:** _____ **Name:** _____

Name: _____ **Name:** _____

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

Name: _____ **Name:** _____

Title: SEE ATTACHED LIST **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:** _____

BALANCE SHEET
AS OF AUGUST 31, 2004

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Assets

Cash and cash equivalents	\$ 121,173
Grants receivable	1,838,956
Prepaid expenses and other assets	112,242
Land, buildings and equipment, net	<u>16,865,094</u>
Total assets	<u>\$ 18,937,465</u>

Liabilities

Liabilities:

Accounts payable	\$ 534,560
Accrued payroll and payroll taxes	380,640
Accrued annual leave	164,208
Revenue sharing plan payable	831,380
Other liabilities	26,710
Mortgage payable	<u>407,623</u>
Total liabilities	2,345,121

Unrestricted net assets	<u>16,592,344</u>
Total liabilities and net assets	<u>\$ 18,937,465</u>

**Board of Directors
2005-2006**

Name	Phone Numbers	Mailing Address	E-mail	Committees	Date Seated	Term # & Exp	Date Of Birth	SSN
Allen Chin President		3424 W. Quail Haven Tucson, AZ 85745			10/04	(1) 10/06		
Elizabeth Saul Secretary		241 N. Melanie Lane Tucson, AZ 85710			1/01B 10/03P-1	(2) 10/05		
Helen Ross Vice President		6311 N. Canon del Pajaro Tucson, AZ 85750			10/03	(1) 10/05		
Cornelia Long Treasurer		10249 E. Madrona Canyon Dr. Tucson, AZ 85748			10/04	(1) 10/06		
Jesus Castro		Arquitectura, Ltd. 196 West Simpson St. Tucson, AZ 85701-2269			10/02	(1) 10/04		
Darlene Chavira Chavez		2454 W. Tucana Tucson, AZ 85745			10/03	(1) 10/05		
Tim Rieger		bs 14 E.2nd St. Tuc 85705 2919 E. Broadway Tucson, AZ 85716			10/04	(1) 10/06		
Susan Mathews		Marana, AZ			10/05	(1) 10/07		
Larry Bahill		3542 North Wilson Tucson, AZ 85719-2027			10/05	(1) 10/07		
Kay Rencken		7356 Calle Merida, Tucson, AZ 85710			10/04	(1) 10/06		
Anita Royal		10 East Pennington Tucson, AZ 85701			10/04	(1) 10/06		

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Policy Council Representatives to the Board of Directors

Lee Swick	5963 E. Farmstead Tucson, AZ 85706	10/05	10/06
Mike Rivera	450 Durango		

**Board of Directors
2005-2006**

			Nogales, AZ 85621						
Robert Edwards			316 N. Arizona Avenue Willcox, AZ 85643						
Alyson Anger			PO Box 881 Pima, AZ 85543						
Jana Rinard			Rt1 Box 193 Duncan, AZ 85534						

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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.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 Allen B. Chin Date 11/17/05 Name _____ Date _____

Signature ALBCH Signature _____

Title PRESIDENT - CPC BOARD OF DIRECTORS Title _____

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