



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

AZ Corp. Commission



01576056

DUE ON OR BEFORE 04/29/2006

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. -0891283-1  
ST. MARY OF THE ANGELS CONFERENCE OF THE ST. VINCE  
P O BOX 819  
PINETOP, AZ 85935

RECEIVED

MAY 02 2006

Business Phone: (928) 367-3057; (928) 367-2029  
(Business phone is optional.)

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. \* Statutory Agent: EDWARD R. MCNEFF  
STATUTORY AGENT MUST HAVE A PHYSICAL ADDRESS. Physical Address, If Different.  
Mailing Address: 3286 SOARING EAGLE WAY Physical Address:  
PO BOX 2927 City, State, Zip:  
City, State, Zip: PINETOP, AZ 85935

ACC USE ONLY

Fee \$ \_\_\_\_\_  
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 checked="" 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 checked="" 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 checked="" type="checkbox"/> 17. Other <u>thrift store</u>                        |

**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)

NONE

**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)

NONE

**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: MARY ALCON YOUNG

Name: LUCY WALLACE

Title: PRESIDENT

Title: TREASURER

Address: 3011 Soaring Eagle  
Pinerop, AZ 85935

Address: 4101 W. Mogillon Dr.  
Show Low AZ 85901

Date taking office: 10/2004

Date taking office: 01-2002

Name: JOAN BASILA

Name: ALVENA KNIGHT

Title: Vice President

Title: 233 Pine Cone Dr

Address: P.O. Box 1304  
LAKESIDE AZ 85924

Address: LAKESIDE AZ 85929

Date taking office: 9/2003

Date taking office: 11-2005

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

Name: CATHERINE C. McNEFT

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

Address: P.O. Box 2927  
Pinerop AZ 85935

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

Date taking office: 07-01-2001

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

Name: WILLIAM SCHULTZ

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

Address: 3734 LAKESIDE LANE  
Pinerop AZ 85935

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

Date taking office: 10-26-1999

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

**St. Vincent de Paul Thrift Shop  
FINANCIAL REPORT**

**ANNUAL REPORT, YEAR 2005**

**Beginning Balance** **\$44,103.90**

**PLUS INCOME**

|                      |              |
|----------------------|--------------|
| Members Donations    | \$237.69     |
| Other Donations      | \$6,107.14   |
| SVDP Sunday Collect  | \$5,069.96   |
| Thrift Shop Proceeds | \$202,559.52 |
| Interest             | \$28.22      |
| Reimbursement        | \$1,166.47   |

|                      |             |
|----------------------|-------------|
| Prosthetics Property | \$5,842.56  |
| Dentist Property     | \$10,545.48 |

**Total** **\$231,557.04**

Difference: (+\$2,326.84)

Volunteer Hours...6,176  
Phone Calls Received...2,428  
Phone Calls Made...1,325

**MINUS EXPENSES**

**Client Aid** 586 \$107,394.74

**Shop Expenses**

|                       |    |             |
|-----------------------|----|-------------|
| Bounced Checks        | 13 | \$577.45    |
| Donations             |    | \$5,147.01  |
| Electricity           |    | \$2,461.10  |
| Casual Labor (Amar)   |    | \$1,460.00  |
| Masses                | 5  | \$50.00     |
| Payroll               |    | \$38,268.27 |
| Kimberly              |    | \$21,447.99 |
| Lucy                  |    | \$8,087.69  |
| Lindy                 |    | \$6,415.10  |
| Barbara               |    | \$583.46    |
| Jonathan              |    | \$1,734.03  |
| Petty Cash            |    | \$360.00    |
| Phone                 |    | \$1,777.09  |
| Gas                   |    | \$748.78    |
| Refunds               |    | \$202.00    |
| Rent                  |    | \$1,800.60  |
| Shop Supplies         |    | \$2,810.02  |
| Taxes                 |    | \$8,447.24  |
| Trash                 |    | \$4,091.16  |
| Trucks                |    | \$3,477.28  |
| Shop Maintenance      |    | \$6,441.57  |
| Miscellaneous         |    | \$1,874.80  |
| Cable                 |    | 225.07      |
| Sewer/water           |    | \$814.46    |
| Land Purchase Payment |    | \$33,965.00 |

**Total Shop Expenses** **\$114,998.30**

**TOTAL EXPENSES** **\$229,230.20**

**ENDING BALANCE** **\$44,108.76**

|                        |    |            |
|------------------------|----|------------|
| Visits                 |    | 143        |
| Persons                | 66 | 699 hours  |
| Clients Helped         |    | 278        |
| Mission Bags           |    | 923        |
| Cash Register Donation | 96 | \$2,048.85 |
| Food Closet            | 67 | \$670.00   |
| Gas Vouchers           | 78 | \$1,900.78 |
| Propane Vouchers       | 10 | \$1,710.37 |
| Wood Vouchers          | 3  | \$375.00   |
| Bus Coupons            | 11 | \$11.00    |
| Food Vouchers          | 5  | 121.16     |

**Total \$ helped** **\$114,231.90**

**Total Clients Helped** **864**

Prepared by: Lucy Wallace  
Audited by: Mary Alcon Young

*Lucy Wallace*

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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;                                   |
| 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 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 Mary Alcon-Young Date 4-19-06 Name Lucy Wallace Date 04-14-06

Signature Mary Alcon Young Signature Lucy Wallace

Title President Title Treasurer

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