

CORPORATION COMMISSION CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE

DUE ON OR S	BEFORE 04	/21/	2006
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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.

-1053966-1	RECEIVED
RUTH CARNEAL MINISTE	RIES APP 1 2 222
6701 W NANCY RD	APR 1 8 2006
PEORIA, AZ 85382	ARZONA CORP. COMMISSION CORPORATIONS DIMISION ADITORE
	ARIZONA CORP. COMMISSION
Business Phone;	(Business phone is optional.) ARIZONA CORP. COMMISSION CORPORATIONS DIVISION
State of Domicile: ARIZO	ONA Type of Corporation: NON-PROFIT
Statutory Agent: RUTH CAR	
Mailing Address: 6701 W N	
ity, State, Zip: PEORIA,	
Reinstate \$ do	(individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent hereby consent to this appointment until my removal or resignation pursuant to law.
Expedite \$	Signature of new Statutory Agent
	Printed Name of new Statutory Agent
Secondary Address:	
· 	·
(Foreign Corporations are	
REQUIRED to complete	
this section).	

<u> </u>	. 0.11,10,112	MONTHOLIT COLL CHALLOIS
1. Accounting	20. Manufacturing	1 Charitable
2. Advertising	21. Mining	2 Benevolent
3. Aerospace	22. News Media	3. Educational
4. Agriculture	23. Pharmaceutical	4. Civic
5. Architecture	24. Publishing/Printing	5. Political
6. Banking/Finance	25. Renching/Livestock	5. Religious
7. Barbers/Cosmetology	26. Real Estate	7. Social
8. Construction	27. Restaurant/Bar	S. Liberany
9. Contractor	28. Retail Sales	9 Cultural 10 Athletic
10. Credit/Collection	29. Science/Research	10. Athletic
11. Education	30. Sports/Sporting Events	11. Science/Research
	31. Technology(Computers)	12 Hospital/Health Care
13. Entertainment	32. Technology(General)	13 Agricultural
14. General Consulting	33. Television/Radio	14. Animal Husbandry
15. Health Care	34. Tourism/Convention Services	15 Homeowner's Association
16: Hotel/Motel	35. Transportation	 Professional, commercial
17. Import/Export	36. Utilities	industrial or trade association
18. Insurance	37. Veterinary Medicine/Animal Care	17 Other
19. Legal Services	38. Other	

5. CAPITALIZATION: (Business Corporations and Business True	ists are REQUIRED to complete this section.)
Business trusts must indicate the number of transferable certif the trust estate. Please Print or Type Clearly.	icates held by trustees evidencing their beneficial interest in
5a. Please examine the corporation's original Articles of In	corporation 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 corporation's minutes for the number of shares issued	the original number of shares has changed. Examine the
Number of Shares/Certificates Issued Class	Series Within Class (if any)
8. SHAREHOLDERS: (Business Corporations and Business T List shareholders holding more than 20% of any class of shabeneficial interest in the corporation. Please Type or Pr	tes issued by the corporation, or having more than a 20%
Name:	
NONE Name:	Name:
7. OFFICERS Please Type or Print Clearly. Y	-
Name:	0.01
Title:	Title: President
Address:	Address: 6701 W. Nana Rd.
Audi 635.	festia Az P1382
Date taking office:	Date taking office: NO V. 2002
Name: Michelle Akens	Name:
Title: SECRETARY-Advisor	Title:
Address: 6701 N. NRNey Rd	Address:
PEORIA AZ 85382	
Date taking office: Nov. 2002)	Date taking office:
5. DIRECTORS Please Type or Print Clearly.	
Name: KamoNa Simmons	Name:
Address: 7324 W. VogEL AVE	Address:
FEORIA, AZ 85345	
Date taking office: NoV. 2002	Date taking office:
Name:	Name:
Address:	Address:
Date taking office:	Date taking office:

RUTH CARNEAL MINISTRIES

6701 W NANCY RD, PEORIA, AZ 85382

623-776-8106

PAID IN: \$53,916.59

PAID OUT: \$20,371.00 - HOME MISSION & FOREIGN MISSION CONTRIBUTIONS

\$18,610.00 - PROFESSIONAL FEES

\$18,010.89 - EXPENSES

\$56,991.89 = TOTAL PAID OUT

riease Enter Corporation Name: // LC/W CNANCTOR 1	///////////// File number/3-/6880/8 Page 3			
FINANGIAL DISCLOSLIDE (A.D.S. 810.11822 A.Q.)				
9. <u>FINANCIAL DISCLOSURE</u> (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. <u>MEMBERS</u> (A.R.S. § 10-11622.A.6)	•			
Only Nonprofit Corporations must answer this question. This corp	poration DOES DOES NOT 2 have members.			
10. <u>CERTIFICATE OF DISCLOSURE</u> (A.R.S. §§10-1622.A.8 & 10-1	1622.A.7)			
las ANY person serving either by election or appointment as an officer, direct	or, trustee, incorporator and/or person controlling or holding more			
han 10% of the issued and outstanding common shares or 10% of any other been: [Underlined portion pertains to business corporations only]	proprietary, beneficial or membership interest in the corporation			
con: [Officerinied portion pertains to business corporations only]				
Convicted of a felony involving a transaction in securities, consumer fra	aud or antitrust in any state or federal jurisdiction within the seven			
year period immediately preceding the execution of this certificate? Convicted of a felony, the essential elements of which consisted of frau	d. misrepresentation, theft by false pretenses or restraint of trade			
or monopoly in any state or federal jurisdiction within the seven year p	period Immediately preceding execution of this certificate?			
 Or are subject to an injunction, judgment, decree or permanent order immediately preceding execution of this certificate where such injunction. 				
(a) fraud or registration provisions of the securities laws of that ju				
(b) the consumer fraud laws of that jurisdiction, or				
(c) the antitrust or restraint of trade laws of that jurisdiction?	VEC CL. NO CH			
	One box must be marked: YES NO 2			
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.				
Full name and prior names used. Date	and location of birth.			
2. Full birth name. 6. Soci	al Security Number			
	nature and description of each conviction or judicial action; late and location; the court and public agency involved, and			
	ile or cause number of the case.			
I4 AVATOREM AS DANKONDTAV DEADNEDAND ANADTS				
 STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTE 1623 & 10-11623) 	<u>R REVOCATION</u> (A.R.S. \$\$10-202.D.2, 10-3202.D.2, 10-			
A) Has the corporation filed a petition for bankruptcy or appointed a receiver	? One box must be marked: YES D NO 🔯			
Has any person serving as an officer, director, trustee or incorporator of the serving as an officer.				
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 char	er revoked, or administratively or judicially dissolved by any state			
or jurisdiction?	One box must be marked: YES INO Ø			
Underlined portion pertains to business corporations only]	One box must be marked: YES I NO Ø			
M correction A and the Post of the fail and the form of the section with a sectio				
If "YES" to A and/or B, the following information must be submitted statement above.	as an attachment to this report for each person subject to the			
The name and addresses of each semination and the poster	or parsons involved to a officer, director, trustee or major.			
Stockholder) The state in which conh correction was a) incorporated b) trans-	orted business			
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.			
declare, under penalty of law that all corporate income tax returns re-	quired 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.				
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	Date			
Title Busideat Title	· · · · · · · · · · · · · · · · · · ·			
(Signator(s) must be duly authorized corporate of	icer(s) listed in section 7 of this report.)			