



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

AZ Corp. Commission



01947612

DUE ON OR BEFORE 04/26/2007

FY06-07

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. -0238154-0  
VICTORY BAPTIST CHURCH OF CASA GRANDE  
1225 E COTTONWOOD LN  
CASA GRANDE, AZ 85222

RECEIVED

APR 03 2007

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

Business Phone: \_\_\_\_\_ (Business phone is optional.)

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

2. Statutory Agent: JAMES REEVES Physical Address, If Different.  
Mailing Address: ~~1645 MARICOLA ST~~ 4503 Sunwest Dr. Physical Address:  
City, State, Zip: CASA GRANDE, AZ 85222 #206 City, State, Zip:

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 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 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.**

**NONE** ☒ Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

**7. OFFICERS** Please Type or Print Clearly. You Must List at Least One.Name: Terry GreenName: Roger LymanTitle: Pastor/PresidentTitle: SecretaryAddress: 78 N. Granada Circle  
Casa Grande, AZ 85222Address: P.O. Box 132  
Picacho, AZ 85241-0132Date taking office: July 1998Date taking office: 1-18-04Name: James ReevesName: Cecil FriendTitle: Deacon Chairman/Vice-PresidentTitle: TreasurerAddress: 450 Sunwest Dr. #206  
Casa Grande, AZ 85222Address: 1064 N. Desert Willow  
Casa Grande, AZ 85222Date taking office: 1-22-03Date taking office: Jan. 1999**8. DIRECTORS** Please Type or Print Clearly. You Must List at Least One.Name: Kevin BrownName: Tim PenickAddress: 271 W. Tahiti Drive  
Casa Grande, AZ 85222Address: 231 W. Barrus  
Casa Grande, AZ 85222Date taking office: Jan. 2006Date taking office: 1-21-07Name: Gary Brunette

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

Address: 1238 E. Avenida Kino  
Casa Grande, AZ 85222

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

Date taking office: 1-21-07

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

**Victory Baptist Church CG**  
**Income and Expenses - Actual**  
**For All Accounts**  
**January 01 through December 31, 2006**

**INCOME**

<b>Income</b>		
1130	Awana Dues & Fees	\$ 3,438.75
1110	Designated - Tax Credit	3,224.00
1120	Designated- No Tax Credit	5,595.17
1020	BBF Bldg Fd Offerings	5,848.60
1000	General Fund Offerings	182,311.24
1030	Harvest Fund Offerings	10,240.00
1140	Interest Income	38.77
1010	Mission Fund Offerings	2,181.00
1150	Other Income	78.97
<b>TOTAL INCOME</b>		<b>\$ 212,956.50</b>

**EXPENSE**

<b>Expense</b>		
3310	AARBC Support	\$ 300.00
4310	Advertising	2,346.31
3300	Arizona Churches/Pastors	78.49
2020	Awana General Expenses	3,968.34
2030	Awana Uniforms & Books	2,154.45
3210	BBF Office Support	420.00
2310	Benevolence	1,488.20
4010	Bldg & Prop Maintenance	5,851.13
3215	BMM Office Support	420.00
4020	Building & Prop. Insurance	3,817.69
3050	Camp Tishamingo	0.00
3220	CBM Office Support	420.00
2240	Church/Library Bks/Subscr	157.61
2100	Conference Expenses	399.51
4320	Corporation Expenses	1,776.29
4230	Designate NoTaxCredit Exp	5,004.06
4220	Designate/TaxCredit Exp	3,143.97
2230	Educ. Materials/Seminars	256.18
5240	Employer SSA/Med Taxes	613.72
4030	Equip Maintenance/Repair	751.00
4040	Equipment Purchase	0.00
4050	Equipment Rental	0.00
4005	FBF Bldg Fund Expenses	9,430.00
4007	FBF Building Loan Payment	15,350.00
2320	Fellowship Activities/Sup	743.90
4000	Gen Fd-New Bldg Expense	0.00
3100	General Missions Expenses	1,341.84
2340	Gifts	362.93
2394	Guest Entertainmt/Lodging	197.82
2390	Guest Speakers	675.00
2392	Guest Travel & Fuel	200.00
4210	Harvest Fund Expenses	7,678.01
5010	Housing - Pastor Green	21,000.00
3320	Intl Baptist College	600.00
5300	Janitorial Staff Salary	6,390.64
4060	Janitorial Supplies	892.96
5030	Medical - Pastor	12,837.74
3240	MGM Mission Office	420.00
4200	Miscellaneous Expenses	50.20
3005	Mission Support - Best	1,500.00
3010	Mission Support - Carter	1,500.00
3012	Mission Support - Clarks	1,620.00
3020	Mission Support - Huhta	1,500.00
3035	Mission Support - Smith	1,620.00
3033	Mission Support - Rice	1,500.00
3015	Mission Support- Cruthers	1,620.00
3025	Mission Support-I.A.B.M.	1,500.00
3040	Mission Support-J.Rubio	150.00
3060	Mission Support-J.Wambua	450.00
3029	Mission Support-Marshall	1,200.00
3030	Mission Support-Mellberg	1,620.00
3008	Mission Support-R.Brewer	0.00
3028	Mission Support-S.R.Jogu	600.00
3041	Mission Support-S.Rubio	1,200.00

**Victory Baptist Church CG**  
**Income and Expenses - Actual**  
**For All Accounts**  
**January 01 through December 31, 2006**

3120	Mission to Cuba	1,746.19
3110	Missions Fund Expense	2,239.83
2350	Music	226.17
3250	N. O. W. Mission Office	420.00
3031	N.O.W. (National Pastors)	1,500.00
4340	Office Equip Maint/Repair	167.88
4350	Office Equip Purchases	627.18
4360	Offices Supplies	1,162.42
4370	Postage	457.64
4365	Printing	364.87
5202	Professional Exp - Cones	1,307.74
5040	Professional Exp - Pastor	5,265.19
5204	Professional Exp - Reeves	568.96
5000	Salary - Pastor Green	24,750.00
5220	Staff Soc Sec & Medicare	613.73
5305	Staff Wages-Landscaper	1,696.95
5310	Staff-Secretary	0.00
5200	Staff/Vol Mileage/Expense	0.00
2210	Sunday School & Jr.Church	1,699.78
2220	Teacher Training	0.00
4110	Utility - Electric	10,554.01
4120	Utility - Gas	623.65
4130	Utility - Phone	3,188.64
4140	Utility - Trash	89.19
4150	Utility - Water	869.74
4410	Vehicle Fuel/Maintenance	2,979.18
4420	Vehicle Insurance	1,672.00
5400	Workmen's Comp Ins.	1,258.00
2370	Worship/Church Equipment	396.79
2360	Worship/Church Supplies	249.93
2420	Youth Activities	207.12
2410	Youth Camp	2,267.08

<b>TOTAL EXPENSE</b>	<b>\$ 198,287.85</b>
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<b>NET INCOME (LOSS)</b>	<b>\$ 14,668.65</b>
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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 <u>Terry Green</u>	Date <u>3-28-07</u>	Name <u>Cecil Friend</u>	Date <u>4/2/07</u>
Signature <u>Terry Green</u>		Signature <u>Cecil Friend</u>	
Title <u>Pastor / President</u>		Title <u>Treasurer</u>	

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