



WEB FORM  
COPY

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

AZ Corp. Commission



02719882

DUE ON OR BEFORE 02/19/2009

FILING FEE \$10.00

PLEASE READ ALL INSTRUCTIONS. 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.

-1430129-7

1. THE FOUNDATION FOR SERVICE DOG SUPPORT, INC.  
15345 W PORT ROYALE LN  
SURPRISE, AZ 85379

RECEIVED

FEB 13 2009

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

Business Phone: (928) 427-8375

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2.

Statutory Agent: ROBERTA BRAGHT *Miriam W. Peterman* Statutory Agent's Street or Physical Address, If Different.  
Mailing Address: 6927 W MORROW DR 15345 W Port Royale Ln Physical Address: 15345 W. Port Royale Ln  
City, State, Zip: GLENDALE, AZ 85308 *Surprise, AZ 85379* City, State, Zip: *Surprise, AZ 85379*

ACC USE ONLY	
Fee	\$ _____
Penalty	\$ _____
Reinstates	\$ _____
Expedite	\$ _____
Resubmits	\$ _____

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below. Note that the agent address must be in Arizona.

I, (individual or firm, (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.

*Miriam W. Peterman*

Signature of new Statutory Agent

*Miriam W. Peterman*

Printed Name of new Statutory Agent

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3. Secondary Address:

(Foreign Corporations are REQUIRED to complete this section).

MAR 16 2009

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

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 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. Cooperative Marketing Association |
| <input type="checkbox"/> 15. Animal Husbandry                  |
| <input type="checkbox"/> 16. Homeowner's Association           |
| <input type="checkbox"/> 17. Professional, commercial          |
| Industrial or trade association                                |
| <input type="checkbox"/> 18. Other _____                       |



**5. CAPITALIZATION:**(For-profit 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)

**6. SHAREHOLDERS:**(For-profit 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.

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

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

NONE ☒

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

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

**7. OFFICERS** PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.Name: Judith M Lopes-KoresselName: Miriam W PetermanTitle: Board TreasurerTitle: Board Vice ChairAddress: P O Box 553Address: 15345 W Port Royale LaneCongress, AZ 85332Surprise, AZ 8579 85379Date taking office: 2/10/2008Date taking office: 5/10/2008Name: Kathe NeyerName: Rachel CunninghamTitle: Director of Certification ProgramTitle: Board Member-Social WorkerAddress: 10960 N. 67th Ave., Space #88Address: 7481 W. Firebird DriveGlendale, AZ 85304Glendale, AZ 85308Date taking office: 11/15/2008Date taking office: 2/10/2008**8. DIRECTORS** PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.Name: C. J. Betancourt, MD

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

Address: P O Box 296

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

Congress, AZ 85332Date taking office: 5/10/2008

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

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

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

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

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

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

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



COMMISSIONERS  
KRISTIN K. MAYES - Chairman  
GARY PIERCE  
PAUL NEWMAN  
SANDRA D. KENNEDY  
BOB STUMP



MICHAEL P. KEARNS  
Interim Executive Director  
LINDA FISHER  
Director, Corporations Division

ARIZONA CORPORATION COMMISSION

CORPORATIONS DIVISION  
1300 West Washington  
Phoenix, Arizona 85007-2929

THE FOUNDATION FOR SERVICE DOG SUPPORT,  
15345 W PORT ROYALE LN

SURPRISE, AZ 85349

Effective Date: 03/12/2009  
File No: -1430129-7

Original Due Date: February 19, 2009 Received: 02/13/09

We have deposited your check, however your annual report is being returned for the following reason(s):

If you are appointing a new statutory agent, please cross out the previous statutory agents name and address and then write the new agents name and address directly next to or below the crossed out information. The new agent must then consent to this appointment by signing the appropriate line in section 2 on page 1.

**IMPORTANT INFORMATION**

Please note: This annual report has not been approved, it is being returned to you for corrections which are listed above. If you wish to avoid additional penalties and possible administrative dissolution, this report must be returned within 30 days after the effective date of this notice to be deemed timely filed. Refer to A.R.S. 10-1622.F for more information.

To successfully process your document, it is important for you to return:

- 1) A copy of this letter.
- 2) All annual report(s) which accompanied this letter (with corrections made).
- 3) Filing fee, penalties, or reinstatement fee, if due.
- 4) Additional forms if required.

AR: 0021  
REV. 12/2008

*Rec'd 3/14/09 & Returned 3/14/09*



**9. FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9))**

**Nonprofits** – if your annual report is due on or before September 25, 2008, you must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). If your nonprofit annual report is due after September 25, 2008, a financial statement is not required. **Cooperative marketing associations** must in all cases submit a financial statement. All other forms of corporations are exempt from filing a financial statement no matter what date the annual report was due.

**ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION:**

**9A. MEMBERS (A.R.S. §10-11622(A)(6))**

This corporation **DOES** ☒ **DOES NOT** ☐ have members.

**10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7))**

**A.** Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:

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. 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" to A, 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 birth name.   | 5. Date and location of birth.  |
| 2. Full present name and prior names used.                      | 6. 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. |
| 3. Present home address.  |   |
| 4. All prior addresses for immediately preceding 7 year period. |   |

**B.** Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation?

**One box must be marked: YES ☐ NO ☒**

If "YES" to B, the following information must be submitted as an attachment to this report for each corporation subject to the statement above.

- (a) Name and address of each corporation and the persons involved.
- (b) State(s) in which it: (i) was incorporated and (ii) transacted business.
- (c) Dates of corporate operation.

**11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623)**

**A.** Has the corporation filed a petition for bankruptcy or appointed a receiver? **One box must be marked: YES ☐ NO ☒**

If "Yes" to A, the following information must be submitted as an attachment to this report:

1. All officers, directors, trustees and major stockholders of the corporation within one year of filing the petition for bankruptcy or the appointment of a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and major stockholders of such corporate stockholder. "Major stockholder" means a shareholder possessing or controlling twenty per cent of the issued and outstanding shares or twenty per cent of any proprietary, beneficial or membership interest in the corporation.
2. Whether any such person has been an officer, director, trustee or major stockholder of any other corporation within one year of the bankruptcy or receivership of the other corporation. If so, for each such corporation give:
  - (a) Name and address of each corporation;
  - (b) States in which it: (i) was incorporated and (ii) transacted business.
  - (c) Dates of operation.

**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 perjury, 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 perjury 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>Judith M. Lopes-Koresel</u>	Date <u>1/31/2008</u>	Name <u>Miriam W. Paterman</u>	Date <u>2/4/09</u>
Signature <u>[Signature]</u>		Signature <u>[Signature]</u>	
Title <u>Board Treasurer</u>		Title <u>Board Vice Chair</u>	

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

