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





DUE ON OR BEFORE	05/12/2012
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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.

-0164598-5

RECEIVED

FIRST SOUTHERN BAPTIST CHURCH OF PRESCOTT VAL 2820 N PLEASANT VIEW DR PRESCOTT VALLEY AZ 86314

MAY 0 2 2012

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

usiness Phone: ate of Domicile	e: A R I Z ON A	Type of Corporation: NON- PROFIT
Statutory Agent:	TRAVIS NEIL GRANT 7900 E DREAM CATCHER DR PRESCOTT VALLEY AZ 86314	Statutory Agent's Street or Physical Address, If Different.
ACC USE ONLY		

(Business phone is optional)

Fee Penalty Reinstate\$ Expedite \$ Resubmit\$

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. l, (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 Printed Name of new Statutory Agent

Secondary Address:

(Foreign Corporations are REQUIRED to complete this section).

Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation

neck the one category	below which best describes the Chiarach En Or	BOSINESS OF Your corporation.
BUSINESS CORPORATION	NON-PROFIT CORPORATIONS	
1. Accounting		1. 🚾 Charitable
2. Advertising	<u></u> 21. Mining	2. E Benevolent
3. Aerospace	<u> ⊏</u> 22. News Media	3. <u> </u>
4. Agriculture	<u>二</u> 23. Pharmaceutical	4. Civic
5. Architecture		5. 🔙 Political
6. Banking/Finance	<u> </u>	6. 💻 Religious
7. Barbers/Cosmetology	☐ 26. Real Estate	7. 📺 Social
8. Construction	<u>□</u> 27. Restaurant/Bar	8. 🗀 Literary
9. Contractor	<u>rr</u> 28. Retail Sales	9. <u> </u>
10. Credit/Collection	□ 29. Science/Research	10. <u> </u>
		11. C Science/Research
12. Engineering	31. Technology(Computers)	12. 📺 Hospital/Health Care
13. Entertainment	32. Technology(General)	13. 📺 Agricultural
14. General Consulting		 14. Cooperative Marketing Association
📺 15. Health Care		15. 🚞 Animal Husbandry
16. Hotel/Motel	二 35. Transportation	 Homeowner's Association
一、17. Import/Export	元 36. Utilities	17. 📼 Professional, commercial
–_ 18. Insurance	37. Veterinary Medicine/Animal Care	industrial or trade association
19. Legal Services	38. Other	18. 📼 Other

(For-profit Corporations and Business Trusts are REQUIRED to complete this section.) 5. CAPITALIZATION: Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. 5a. Please examine the corporation's original Articles of Incorporation for the amount of shares authorized. Series Within Class (if any) Number of Shares/Certificates Authorized Class NIA 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) (For-profit Corporations and Business Trusts are REQUIRED to complete this section.) 6. SHAREHOLDERS: 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 V 7. OFFICERS HERB STONEMAN Name: Name: KATHY L RISSEL PRESIDENT **SECRETARY** Title: Title: Address: 5420 N BREMONT WAY Address: POBOX 26895 PRESCOTT VALLEY AZ 86314 PRESCOTT VALLEY AZ 86312 Date taking office: 8/1/2007 Date taking office: 9/30/2006 SHERRIE L HUNT Name: Name: TREASURER Title: Title: Address: POBOX 804 Address: DEWEYAZ 86327 Date taking office: 11/6/2006 Date taking office: 8. DIRECTORS **BLAIR QUINN** KENT STANLEY Name: Name: Address: 5300 N PINTO DR Address: 5701 N CONCHO DR PRESCOTT VALLEY AZ 86314 PRESCOTT VALLEY AZ 86314 Date taking office: 1/1/2012 Date taking office: 1/1/2011 TRAVIS NEIL GRANT Name: Address: 7900 E DREAM CATCHER DR Address: ____ PRESCOTT VALLEY AZ 86314 Date taking office: 1/1/2012 Date taking office:

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	inter Corporation Name: FFR37 3007 HERRI BA		<u>/ CHURCH</u> File number ₎ *UTT VALLEY	076 93 98-3 Page 3			
Nonprofit balance s Cooperat	ICIAL DISCLOSURE (A.R.S. §10-11622(A)(9)) ts – if your annual report is due on or before September 25, 2008, heet including assets, liabilities). If your nonprofit annual report is tive marketing associations must in all cases submit a financial statement no matter what date the annual report was due.	you mus! s due af te	attach a financial statement (e.	al statement is not required.			
ONLY NO	ONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION		_				
9A. <u>MEM</u>	<u>IBERS</u> (A.R.S. §10-11622(A)(6)) This c	orpora	tion DOES 🔯 DOES NO	OT 🔲 have members.			
A. Has	TIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), any person who is currently an officer, director, trustee, incorpora of the issued and outstanding common shares or 10% of any of n:	ator, or wh	no, in a For-profit corporation, co				
	victed of a felony involving a transaction in securities, consumer fr	aud or an	titrust in any state or federal juris	diction within the seven year			
 Con moi Subj 	monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?						
12 115	MENUA. A AL- E-Uinin-EAi		box must be marked:				
	YES" to A, the following information <u>must be submitted</u> as an ions stated in Items 1 through 3 above.	aπacnme	ent to this report for each person	subject to one or more of the			
1.	Full birth name.	5 .	Date and location of birth.				
2. 3. 4.	Full present name and prior names used. Present home address. All prior addresses for immediately preceding 7 year period.	6.	The nature and description of action; the date and location; involved; and the file or cause	the court and public agency			
in a lf "	issued and outstanding common shares, or 20% of any other promptions such capacity or held a 20% interest in any other corporation of the submitted as attement above. (a) Name and address of each corporation and the persons involute (b) State(s) in which it: (i) was incorporated and (ii) transacted (c) Dates of corporate operation.	On the bar One an attachi	hkruptcy or receivership of that of box must be marked: ment to this report for each corp	other corporation? YES □ NO 図			
11 STAT	EMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10	-1623 R	10_11623\				
A. Has	the <u>corporation</u> filed a petition for bankruptcy or appointed a rec fes" to A, the following information <u>must be submitted</u> as an All officers, directors, trustees and major stockholders of the co appointment of a receiver. If a major stockholder is a corporation board of directors and major stockholders of such corporate stockholders.	ceiver? <u>(</u> attachmorporation n, the stance	One box must be marked: ent to this report: within one year of filing the petiti tement shall list the current pres "Major stockholder" means a s	ion for bankruptcy or the ident, chairman of the hareholder possessing or			
	controlling twenty per cent of the issued and outstanding share interest in the corporation.	s or twent	y per cent of any proprietary, be	neficial or membership			
2.	Whether any such person has been an officer, director, trustee	or major	stockholder of any other corpora	ation within one year of the			
	bankruptcy or receivership of the other corporation. If so, for ea	-		•			
(a) Name and address of each corporation;							
	(b) States in which it: (i) was incorporated and (ii) trans(c) Dates of operation.	acted bus	siness.				
I declare, filed with	ATURES: Annual Reports must be signed and dated by under penalty of perjury, that all corporate income tax return the Arizona Department of Revenue. I further declare undee, including any attachments, and to the best of my (our) kn	s require r penalty	ed by Title 43 of the Arizona Re of perjury that I (we) have exa	evised Statutes have been mined this report and the			
Name S	HERRIE L HUNT Date 5-/-/2 Name)		Date			
Signatu	re <u>Skanie T Hunt</u> Signa	ture_					
<u>-</u>	REASURER Title_ (Signator(s) must be duly authorized corporate	officer(s)	listed in section 7 of this rep	ort.)			
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