



WEB FORM  
COPY

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

AZ Corp. Commission



04461669

DUE ON OR BEFORE 02/28/2013

*Amended*

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.

-0114005-0

RECEIVED

FEB 07 2013

1. VERDE VALLEY SENIOR CITIZENS ASSOCIATION, *Inc.*  
PO BOX 681  
500 E CHERRY ST  
COTTONWOOD, AZ 86326

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Business Phone: \_\_\_\_\_  
State of Domicile: ARIZONA

(Business phone is optional.)

Type of Corporation: NON-PROFIT

2. Statutory Agent: MAMIE E N BREMNER  
Mailing Address: PO BOX 681  
City, State, Zip: COTTONWOOD, AZ 86326

Statutory Agent's Street or Physical Address, if Different.  
Physical Address: 500 E CHERRY ST  
City, State, Zip: COTTONWOOD, AZ 86326

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 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

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3. Secondary Address:

(Foreign Corporations are **REQUIRED** to complete this section).

NOV 08 2013

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 _____  |



WEB FORM  
COPY

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

**PLANK FEE \$10.00**

**DATE ON OR BEFORE DELIVERY**

**PLEASE READ ALL INFORMATION:** This following information is required by A.S. 26-1502 & 26-1503 for all corporations  
operating pursuant to Articles of Incorporation, By-Laws, etc. The Corporation's authority in providing this data is A.S. 26-1502  
& 26-1503. YOUR REPORT MUST BE SUBMITTED ON THIS OFFICIAL FORM. Make changes or corrections when necessary.  
Information for the report should reflect the current status of the corporation.

**RECEIVED**

01-10235-0

014005-0  
VERDE VALLEY SENIOR CITIZENS ASSOCIATION, INC.  
PO BOX 841  
500 E CHERRY ST  
COTTONWOOD, AZ 86328

RECEIVED

FBI 07 2012

**INTERNATIONAL COMMUNICATIONS**  
**COMMUNICATIONS**

Business Phone: (928) 634-5450  
State of Domicile: ARIZONA  
Type of Corporation: S-CORP

Type of Corporation: NON-PROFIT

Address: Agent: MAJOR E H EMBERT  
Mail File Address: PG BOX 891  
City, State, Zip: GAITHERSBURG, MD 20878

Ministry of Agriculture and Fisheries, KILBARRONY,  
 FISHALAND, 200 S. CHERRY ST.  
 CIL. 900, 20, COTTENPOLE, AZ. 1000

## REFERENCE

NOV 08 2013

**ARMED-GUN COMMISSION  
CORPORATIONS DIVISION**

REC-015 ONLY

NAME \_\_\_\_\_

UNIT NO. \_\_\_\_\_

DATE \_\_\_\_\_

TIME \_\_\_\_\_

REMARKS \_\_\_\_\_

**If supplying a nonvoluntary agent, the new agent must account to that agent for all his actions. Note that the agent himself must be a person.**

### RESEARCH DESIGN

### EXTRACTION OF THE POLYMERIZATION PRODUCT

## 2. Background

(Foreign Captions are: 10-11-1921)  
to 10-11-1921

4. CHECK THE NEW LANGUAGE BELOW WHICH DESCRIBES THE CHARACTER OF MANAGER IN YOUR CORPORATION.  
NEW PAPER CORPORATION

BUSINESS CORPORATION	
1. Accounting	Marketing
2. Administration	Personnel
3. Finance	Production
4. Insurance	Public Relations
5. Law	Research & Development
6. Manufacturing	Sales
7. Materials	Shipping
8. Operations	Training
9. Planning	Wages & Salaries
10. Production	Workmen's Compensation
11. Purchasing	Other
12. Sales	
13. Shipping	
14. Training	
15. Wages & Salaries	
16. Workmen's Compensation	
17. Other	

[illegible]

**Keywords:** child sexual abuse; disclosure; self-blame

**Journal of Management Education** 32(10) 1039-1050

# **II. CAPITALIZATION** (For-profit Corporations and Business Trusts are **EXEMPTED** to complete this section.)

Black and white must indicate the number of transferable certificates held by trustees indicating their financial interest in the trust assets. PLEASE PRINT OR TYPE CLEARLY.

3a. Please attach the corporate original articles of incorporation for the amount of shares authorized.  
Number of Shares/Certificates Authorized \_\_\_\_\_ Class \_\_\_\_\_ Series Within Class (if any) \_\_\_\_\_

3b. Number of corporation authorized to determine if the original number of shares has changed. Describe the corporation's minutes for the history of shares issued.  
Number of Shares/Certificates Issued \_\_\_\_\_ Class \_\_\_\_\_ Series Within Class (if any) \_\_\_\_\_

## **4. SHAREHOLDERS** (For-profit Corporations and Business Trusts are **EXEMPTED** 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% financial interest in the corporation.

None ☒ Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

## **5. OFFICERS** PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: SELO CHIE-DONIS SIMON BLOM Name: CONNIE SYALENG

Title: PRESIDENT Title: SECRETARY

Address: 118 6TH ST 305 E LINDSAY WAY Address: 800 S WILLARD ST 8 E. COTTON

SEDONA AZ 86351

COTTONWOOD AZ 86328

Date taking office: 4/23/2003 Date taking office: 4/23/2003

Name: CONNIE SYALENG Name: LOU RANGEL

Title: TREASURER Title: VICE-PRESIDENT

Address: 800 S WILLARD ST 8 E. COTTONWOOD Address: 800 S WILLARD ST 607 BOOTLE

COTTONWOOD AZ 86328

CLARNDAL AZ 86324

Date taking office: 4/23/2003 Date taking office: 7/1/2003

## **6. DIRECTORS** PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: SAM BLOM Name: JOSEPH BUTNER

Address: 2975 W GUAL SPRINGS RANCH RD Address: 833 GARNER LANE

COTTONWOOD AZ 86328

CAMP VERDE AZ 86322

Date taking office: 8/1/2007 Date taking office: 07/1/1998

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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AZ CORP COMM A/R

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Page 2

## 014005-0 VERDE VALLEY SENIOR CITIZENS ASSOCIATION

**1. CERTIFICATE** (For Joint Corporations and Resident Trusts see **RECEIVED** in complete the section.)  
 Please print the name of the person or persons who hold the certificate of incorporation in the trust  
 account. PLEASE PRINT OR TYPE CLEARLY.  
 All. Please attach the corporation's original Article of Incorporation for the amount of shares authorized.  
 Number of Shares/Corporation Authorized \_\_\_\_\_ Date \_\_\_\_\_ Please attach Check # and

2. Please attach corporation's certificate to determine the original number of shares first charged. Describe the corporation's  
 interest for the number of shares issued.  
 Number of Shares/Corporation Authorized \_\_\_\_\_ Date \_\_\_\_\_ Please attach Check # and

**3. SHAREHOLDERS** (For Joint Corporations and Resident Trusts see **RECEIVED** in complete the section.)  
 List shareholders holding more than 25% of any class of shares owned by the corporation, or having more than a 25% beneficial  
 interest in the corporation.

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

**4. OFFICERS** PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: SEDA CHAPMAN Title: CONNE SYALENG  
 Title: PRESIDENT  
 Address: 108 6TH ST 305 E LINDSAY WAY Date: SECRETARY  
SEDONA AZ 86351 305 E WILLOW ST 8 E COTTONWOOD ST  
COTTONWOOD, AZ 86328 COTTONWOOD, AZ 86328

Date being office: 4/23/2013

Date being office: 4/23/2013

Name: CONNE SYALENG

Name: LOU RANGEL

Title: TREASURER

Title: VICE-PRESIDENT

Address: 305 E WILLOW ST 8 E COTTONWOOD Date: 605 E FREEDOM 607 BOOTLEG RD.

COTTONWOOD, AZ 86328

CLARKDALE, AZ 86324

Date being office: 4/23/2013

Date being office: 7/1/2009

**5. DIRECTORS** PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: JOSEPH BUTNER  
 Address: 833 GARNER LANE  
CAMP VERDE, AZ 86322

COTTONWOOD, AZ 86328

Date being office: 07/1/1998

Date being office: 07/1/1998

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

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

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

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

Date being office: \_\_\_\_\_

Date being office: \_\_\_\_\_

Arizona Corporation Commission  
 Corporation Division

**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)
--	-------	------------------------------

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: \_\_\_\_\_

Name: CONNIE SVALENG

Title: \_\_\_\_\_

Title: SECRETARY

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

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

COTTONWOOD, AZ 86326

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

Date taking office: 4/23/2003

Name: CONNIE SVALENG

Name: LOU RANGEL

Title: TREASURER

Title: VICE-PRESIDENT

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

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

COTTONWOOD, AZ 86326

CLARKDALE, AZ 86324

Date taking office: 4/23/2003

Date taking office: 7/1/2006

**8. DIRECTORS** PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

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

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

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

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

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

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

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

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

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

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

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

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

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

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 Arlene Davis Date 2/5/13 Name ELAINE BRENNER Date 2/5/2013  
Signature [Signature] Signature [Signature]  
Title PRESIDENT VVSC Title EXECUTIVE DIRECTOR, VVSC  
(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)