

## WEB FORM COPY

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





DUE ON OR BEFORE 4/9/2016

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.

07134923

(Foreign Corporations are <u>REQUIRED</u> to complete this section).

1. FRESH START WOMEN'S FOUNDATION, AN ARIZONA NONPROFIT CORPORA 東丘CEIVED 1130 E. MCDOWELL RD.

MAR 2 1 2016

	(602) 261-7128	(Business phone is optional.)					
State of Domicile:		Type of Corporation: NON-PROFIT					
• –	AMELA OVERTON RISOLEO 1375 E. CAMELBACK RD	Statutory Agent's Street or Physical Address, If Different.					
~	SUITE #700	•					
<del>_</del>	PHOEN!X, AZ 85016						
ACC USE ONLY	***************************************						
		statutory agent, the new agent MUST consent to that ning below. Note that the agent address must be in Arizona.					
ee \$		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.					
ee \$ Penalty \$	do hereby consent to this ap	pointment until my removal or resignation pursuant to law.					
. :	do hereby consent to this at	opointment until my removal or resignation pursuant to law.					
Penalty \$	do hereby consent to this ap	opointment until my removal or resignation pursuant to law.  ure of new Statutory Agent					
Penalty \$Reinstate \$	do hereby consent to this ap	opointment until my removal or resignation pursuant to law.					

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

BUSINESS CORPORATIO	NS		NC	N-F	PROFIT CORPORATIONS
		Manufacturing			Charitable
2. Advertising	亘21.	Mining			Benevolent
3. Aerospace	□ 22.	News Media			Educational
4. Agriculture	<u>23.</u>	Pharmaceutical			Civic
		Publishing/Printing			Political
		Ranching/Livestock			Religious
		Real Estate			Social
		Restaurant/Bar			Literary
		Retail Sales			Cultural
		Science/Research			Athletic
		Sports/Sporting Events			Science/Research
- 12. Engineering	買31.	Technology(Computers)			Hospital/Health Care
		Technology(General)			Agricultural
		Television/Radio			Cooperative Marketing Association
		Tourism/Convention Services			Animal Husbandry
☐ 16. Hotel/Motel		Transportation			Homeowner's Association
		Utilities	17.	=	Professional, commercial
🗖 18. Insurance	<u>"                                    </u>	Veterinary Medicine/Animal Care			industrial or trade association
19. Legal Services	<u>🖵</u> 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. 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 Series Within Class (if anv) Class (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 | Name: 7. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE. Name: SUSAN BERMAN TERRY ROMAN Name: **BOARD CHAIR** Title: PRESIDENT & CEO Title: Address: 1130 E. MCDOWELL RD Address: 1130 E. MCDOWELL RD PHOENIX, AZ 85006 PHOENIX, AZ 85006 Date taking office: 9/12/2011 Date taking office: 07/01/2014 JUDE MILLER-BURKE KATHERINE SCARDELLO Name: Name: TREASURER SECRETARY Title: Title: Address: 1130 E. MCDOWELL RD Address: 1130 E. MCDOWELL RD PHOENIX, AZ 85006 PHOENIX, AZ 85006 Date taking office: 07/01/2014 Date taking office: 07/01/2013 8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE. TERRY ROMAN Name: Name: Address: 1130 E. MCDOWELL RD Address: PHOENIX, AZ 850062611 Date taking office: 7/1/2014 Date taking office: Name: Name: Address: Address: Date taking office: \_\_\_\_ Date taking office:

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Arizona Corporation Commission Corporations Division

Please Enter Corporation Name: FRESH START WOMEN'S FOUNDATION	N, AN ARIZONA N	ONPROFIT CORPORA FILE NUMBE	r_07134923	Page 3				
9. <u>FINANCIAL DISCLOSURE</u> (A.R.S. §10-11622(A)(9))  Nonprofits – financial disclosure is no longer required. Cooperative marketing associations – must submit a financial statement. All other types of corporations are not required to file a financial statement.								
ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUI	ESTION: his corpora	ation DOES I DOES N	NOT Make m	embers.				
<ul> <li>10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-320</li> <li>A. Has any person who is currently an officer, director, trustee, inc 10% of the issued and outstanding common shares or 10% of been:</li> </ul>	corporator, or v	vho, in a For-profit corporation,	controls or holds m ip interest in the co	nore than rporation				
<ol> <li>Convicted of a felony involving a transaction in securities, consuperiod immediately preceding the execution of this certificate?</li> <li>Convicted of a felony, the essential elements of which consister monopoly in any state or federal jurisdiction within the seven yes.</li> <li>Subject to an injunction, judgment, decree or permanent order preceding execution of this certificate where such injunction, judgment, decree or permanent order preceding execution of this certificate where such injunction, judgment, decree or permanent order preceding execution of this certificate where such injunction, judgment, decree or permanent order preceding execution of this certificate where such injunction, judgment, decree or permanent order preceding execution of this certificate where such injunction, judgment, decree or permanent order preceding execution of this certificate where such injunction, judgment, decree or permanent order preceding execution of this certificate where such injunction, judgment, decree or permanent order preceding execution of this certificate where such injunction, judgment, decree or permanent order preceding execution of this certificate where such injunction, judgment, decree or permanent order preceding execution of this certificate where such injunction, judgment, decree or permanent order preceding execution of this certificate where such injunction, judgment, decree or permanent order preceding execution of this certificate where such injunction, judgment, decree or permanent order preceding execution of this certificate where such injunction, judgment, decree or permanent order preceding execution of this certificate where such injunction is permanent.</li> </ol>	d of fraud, miss ear period imm of any state or udgment, decre that jurisdiction	representation, theft by false pro- lediately preceding execution of federal court entered within the learn permanent order involved on, or	etenses or restraint f this certificate? seven year period in the violation of:	of trade or mmediately				
If "YES" to A, the following information must be submitted	One	e box must be marked ent to this report for each perso	d; YES O N on subject to one or	more of the				
<ol> <li>actions stated in Items 1 through 3 above.</li> <li>Full birth name.</li> <li>Full present name and prior names used.</li> <li>Present home address.</li> <li>All prior addresses for immediately preceding 7 year period.</li> </ol>	5. 6.	Date and location of birth. The nature and description action; the date and location involved; and the file or caus	n; the court and pul se number of the ca	olic agency ise.				
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 cutstanding 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 U 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 person  (b) State(s) in which it: (i) was incorporated and (ii) tran  (c) Dates of corporate operation.	ns involved.							
11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S.	. §§ 10-1623 8	k 10-11623)						
A. Has the <u>corporation</u> filed a petition for bankruptcy or appointe     If "Yes" to A, the following information must be submitted     1. All officers, directors, trustees and major stockholders of appointment of a receiver. If a major stockholder is a corporation of directors and major stockholders of such corporation.	gias an attachr the corporation poration, the single rate stockhold	ment to this report. In within one year of filing the petatement shall list the current pr er. "Malor stockholder" means :	etition for bankrupto resident, chairman o a shareholder poss	y or the of the essing or				
<ol><li>Whether any such person has been an officer, director, to bankruptcy or receivership of the other corporation. If so</li></ol>	trustee or majo , for each such	or stockholder of any other corp n corporation give:	poration within one y	ear of the				
(c) Dates of operation.	ii) transacted b							
12. <u>SIGNATURES:</u> 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 TERRY ROMAN Date 3/17/2016	Name		Date	·				
Signature	Signature_		tota .	The same of the sa				
Title BOARD CHAIR	Title		<u> </u>					
(Signator(s) must be duly authorized corp	porate officer	(2) IISTOD IN SOCTION / OT THIS I	report.)	- <b>A</b>				