



ION  
CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE



DUE ON OR BEFORE 5/12/2017

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.

01645985

1. FIRST SOUTHERN BAPTIST CHURCH OF PRESCOTT VALLEY  
2820 PLEASANT VIEW DR

PRESCOTT VALLEY, AZ 86314

Business Phone: (928) 772-7218

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2.

Statutory Agent: ~~TRAVIS NEIL GRANT~~ Karl Holloway  
Mailing Address: ~~6797 N SUNSET COURT~~ 9480 madama DR  
City, State, Zip: ~~PRESCOTT VALLEY, AZ 86315~~ PRESCOTT VALLEY AZ 86314

ACC USE ONLY

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.

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.

*Karl D. Holloway*

Signature of new Statutory Agent

KARL HOLLOWAY

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 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 s

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: TERRELL ELDRETHName: Johnna TraverTitle: PRESIDENTTitle: SECRETARYAddress: 700 N SAN CARLOS DRAddress: P O BOX 667 143DEWEY, AZ 86327HUMBOLDT, AZ 86329Date taking office: 01/19/2015Date taking office: ~~3/23/2015~~ 4/2/19Name: SHERRIE L HUNT Diana Lindsey

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

Title: TREASURER

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

Address: PO BOX 804 12922 E Madrid St

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

DEWEY, AZ 86327Date taking office: ~~11/06/2006~~ 7/1/17

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

**8. DIRECTORS** PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.Name: BRANDON WELLS Bill EashName: NICHOLAS DONSKY Paul MarshallAddress: 6879 E FILLY CIRCLE 12200 E STR + 69Address: 8716 ROWEL COURT 10820 E Tessa Ln

# 232

PH 86315

PRESCOTT VALLEY, AZ 86314Dewey, AZ 86327PRESCOTT VALLEY, AZ 86314Date taking office: ~~1/1/2016~~ 1/1/2018Date taking office: ~~1/1/2017~~ 1/1/2018Name: TRAVIS NEIL GRANT Karl Holloway

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

Address: 6797 N SUNSET COURT 9480 Magnolia

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

PRESCOTT VALLEY, AZ 86315Date taking office: ~~1/1/2015~~ 1/1/2018

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



**9. FINANCIAL DISCLOSURE (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 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 five 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 five 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 five 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 5 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 SHERRIE HUNT Diana Lindsey Date 5/8/2017 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Title CHURCH TREASURER Title \_\_\_\_\_

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



# **Annual Report Instruction Sheet - READ ME! PLEASE FOLLOW TH**

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This is the instruction sheet for the annual reporting process for all corporations doing business in Arizona. Every corporation must submit an annual report once a year. This annual report must be correctly filled out and submitted by the assigned due date or the corporation may be administratively dissolved or have its authority revoked by the State of Arizona. According to A.R.S. §10-1622(F), penalties accrue on for-profit corporation annual reports that are submitted late (after the due date). Corporations must use the annual report form prescribed by the Corporation Commission. **No other format is allowed.**

Please verify the business address, statutory agent, and agent address information on page one. Strike out incorrect information by placing a single line through it. Correct information should be legibly written above or to the side of struck, incorrect information. Complete the remainder of the form - use the corporation's original articles of incorporation, amendment documents and corporate minutes as guides for the questions about stock. **IMPORTANT:** The entirety of this document is public record, including addresses. **\*Use black or blue ink.**

- ☐ **Section 1.** All corporations must state their name, street address in Arizona, zip code, domicile state, and type (e.g., nonprofit, business, sole, professional, business trust). Please list a business phone number.
- ☐ **Section 2.** All corporations must state the name and Arizona address of the current Statutory Agent for the corporation. Correct information about the Statutory Agent is vital to the legitimate authority and status of the corporation. The statutory agent must provide both an Arizona street address and a mailing address. If the Statutory Agent has a P.O. Box, then they must also provide an Arizona physical or street address. New Statutory Agents must consent to their appointment by signing the appropriate line. A corporation must amend their records at the Commission any time the Statutory Agent is changed or whenever the Agent's designated mailing address changes. Do not sign in the space provided, unless you are appointing a new agent.
- ☐ **Section 3.** Foreign (out-of-state/country) corporations must state their principal office address in the state or country of incorporation. If the corporation is not required to maintain an office in the state or country of incorporation, list the address of the corporation's registered agent in the state or country of incorporation.
- ☐ **Section 4.** All corporations must check the category that best describes the character of their corporation in the applicable business or nonprofit corporation area.
- ☐ **Section 5.** All for-profit corporations must indicate the number of shares which they have authorized and issued, the class and series. All business trusts must indicate the number of transferable certificates held by trustees.
- ☐ **Section 6.** All for-profit corporations must indicate the list of applicable shareholders.
- ☐ **Section 7.** Please list all principal officers. All corporations must have at least one duly authorized officer, with address.
- ☐ **Section 8.** Please list all directors. All corporations must have at least one director per A.R.S. §§10-803(A) & 10-3803(A).
- ☐ **Section 9.** Nonprofit corporations are no longer required to submit a financial statement. Cooperative marketing associations are required to submit a statement of its financial condition (income/expense, balance sheet, etc). All other types of corporations are not required to submit any financial statements.
- ☐ **Section 9A.** All Nonprofit Corporations must also indicate whether or not the corporation has members.
- ☐ **Section 10.** All corporations must check either YES or NO in the Certificate of Disclosure, for both A and B. Those who check the "YES" box must supply the attachment required as explained in section 10.
- ☐ **Section 11.** All corporations must check either YES or NO in the Statement of Bankruptcy or Receivership. Those who check the "YES" box must supply the attachment required as explained in section 11.
- ☐ **Section 12.** All corporations must read the declarations in this section. If they have complied, and if they have completed the Annual Report, then the applicable officer(s) listed in section 7 must acknowledge by signing and dating the report.  
The signer(s) shall be at least one duly authorized officer.
- ☐ **Sign, Date & Mail the Check and Annual Report.** For-profit corporations must send \$45, Nonprofit corporations \$10. Credit cards are not accepted. Business or for-profit corporations are subject to penalties if their report is submitted after its assigned due date. Contact the Annual Report section at 602-542-3285 (Phoenix) or 520-628-6560 (Tucson) or by FAX at 602-542-0082 for the penalty amount due.

MAKE CHECK PAYABLE TO:  
MAIL OR DELIVER TO:

ARIZONA CORPORATION COMMISSION  
c/o Annual Reports - Corporations Division  
1300 West Washington  
Phoenix, Arizona 85007-2929

Seek professional advice from your accountant, attorney, or other knowledgeable source if you need help with any section. The Annual Reports Section of the Corporations Division cannot give legal or tax advice, but you may call them with your other questions regarding this form at (602) 542-3285. The Commission's web site ([www.azcc.gov/Divisions/Corporations](http://www.azcc.gov/Divisions/Corporations)) has more general information about annual reports and reporting requirements.