



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

Arizona Corporation Commission



00238915

COPY

DUE ON OR BEFORE 10/23/1999

FY99-00

FILING FEE \$10.00

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 SIGNATURE AND THE SIGNATURE OF THE STATUTORY AGENT ON THIS REPORT FORM: Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

-0124776-7

- 1. CENTRAL ARIZONA SPECULATIVE FICTION SOCIETY PO BOX 62613 PHOENIX, AZ 85082-2613

RECEIVED

DEC 1 2 2000

ARIZONA CORP COMMISSION CORPORATION ORDER

Business Phone: [REDACTED] State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

- 2. Arizona Statutory Agent: JIM STRAIT Street Address: 5229 N 18TH DR (NOT P.O. BOX) City, State, Zip: PHOENIX AZ 85015-

Use this box only if appointing a new Statutory Agent

ACC USE ONLY Fee \$ 10 Penalty \$ Rollbacks \$ Expedite \$ Resubmit \$

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

- 3. Secondary Address:

[REDACTED]

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

- BUSINESS CORPORATIONS: 1. Accounting, 2. Advertising, 3. Aerospace, 4. Agriculture, 5. Architecture, 6. Banking/Finance, 7. Barber/ Cosmetology, 8. Construction, 9. Contractor, 10. Credit/Collection, 11. Education, 12. Engineering, 13. Entertainment, 14. General Consulting, 15. Health Care, 16. Hotel/Motel, 17. Import/Export, 18. Insurance, 19. Legal Services, 20. Manufacturing, 21. Mining, 22. News Media, 23. Pharmaceutical, 24. Publishing/Printing, 25. Ranching/Livestock, 26. Real Estate, 27. Restaurant/Food, 28. Retail Sales, 29. Science/Research, 30. Sports/Sporting Events, 31. Technology(Computers), 32. Technology(General), 33. Television/Radio, 34. Tourism/Convention Services, 35. Transportation, 36. Utilities, 37. Veterinary Medicine/Animal Care, 38. Other
- NON-PROFIT CORPORATIONS: 1. Charitable, 2. Recreational, 3. Educational, 4. Civic, 5. Political, 6. Religious, 7. Social, 8. Literary, 9. Cultural, 10. Athletic, 11. Science/Research, 12. Hospital/Health Care, 13. Agricultural, 14. Animal Husbandry, 15. Homeowner's Association, 16. Professional, commercial, industrial or trade association, 17. Other

6. CAPITALIZATION: Business Corporations and Business Trusts are REQUIRED to show the following:

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

Number of Shares/Certificates Authorized N/A Class Y900 Series Within Class (if any)

Number of Shares/Certificates Issued N/A Class _____ Series Within Class (if any)

8. SHAREHOLDERS: Business Corporations and Business Trusts are REQUIRED to show the following:

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.

Name: Frances Burns
Title: President
Address: 1223 E Christy
Phoenix AZ 85030

Name: David M Hungenford
Title: Vice Pres
Address: P.O. Box 40635
Mesa AZ 85274

Date taking office: 1/99
Name: Nicholas Schumaker
Title: Treasurer + Director
Address: 2524 S E L Paradise #49
Mesa, AZ 85202

Date taking office: 7/99
Name: Angel Hungenford
Title: Secretary
Address: P.O. Box 40635
Mesa AZ 85274

Date taking office: 7/99

Date taking office: 7/99

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY

Name: Jeff Georse
Address: 1917 W Buckman
Phoenix AZ 85007

Name: Jim Coyer
Address: 1736 W Berridge Ln
Phoenix, AZ 85015

Date taking office: 7/1999

Date taking office: 1/1999

Name: Stephenie L. Ransom
Address: 7213 N 37th Dr
Phoenix AZ 85015

Name: Jim Strait
Address: 5229 N 18th Dr.
Phoenix, AZ 85015

Date taking office: 1/1999

Date taking office: 7/1999

CASFS Treasurers Report
July 28 2000

Account Balances:

CASFS Main	\$2,364.86
Connotations Checking	\$1,309.54
CopperCon Even	\$1,636.70
CopperCon Odd	\$1,000.00
HexaCon Odd	\$1,007.41
HexaCon Even	\$3,455.78
Credit Card Checking	\$162.77
C.D. ????	\$3,176.89
Total All Accounts	\$16,113.95

Account Activity

CASFS Main		
6/23/00	(\$20.00)	1150 - J.B.'s Tip
6/24/00	(\$250.00)	1153 - Craig Dyer - Label Machines
6/27/00	(\$1160.62)	1154 - Max Dix - Insurance
6/27/00	2771.61	Balance Transfer - From CopperCon Odd.

Please Enter Corporation Name: Central AZ Spca. Fick Soc.

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9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)

Only nonprofit corporations must attach a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only:

This corporation **does** **does not** have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: [Underlined portion pertains to profit corporations only]

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. Or are 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", 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 name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. 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. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

11. STATEMENT OF BANKRUPTCY (A.R.S. §§10-202.D.2 & 10-3202.02)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to profit corporations only]

One box ~~must~~ be marked: **YES** **NO**

Chapter _____ Date Filed _____ Case Number _____

If "YES", the following information must be submitted as an attachment to this report for each person subject to the statement above: 1) The names and addresses of each corporation and the person or persons involved. 2) The state in which each corporation was a) incorporated b) transacted business. 3) The dates of corporate operation.

12. SIGNATURES

CAUTION: Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures will be rejected.

I DECLARE, UNDER PENALTY OF LAW, 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 law 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 David H. Hungerford Date 11-17/00 Name Arnel Hungerford Date 11/17/00
 Signature [Signature] Signature [Signature]
 Title Vice Pres Title Secretary

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