



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

Arizona Corporation Commission



DUE ON OR BEFORE 10/23/2002

FY02-03

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 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. See instructions for proper format. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

RECEIVED

OCT 11 2002

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. -0124776-7
CENTRAL ARIZONA SPECULATIVE FICTION SOCIETY, INC.
PO BOX 62613
PHOENIX, AZ 85082-2613

Business Phone: _____ (Business phone is optional.)
State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: JIM STRAIT
Street Address: 5229 N 18TH DR
PHOENIX, AZ 85015
City, State, Zip:

Use this box only if appointing a new Statutory Agent

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

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

ACC USE ONLY

Fee \$ 10 ~~10-17-02~~

Penalty \$ _____

Reinstatement \$ _____

Expedite \$ _____

Resubmit \$ _____

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

7. Officers

David Hungerford III
President
PO Box 40635
Mesa AZ 85274
Date Taking Office July 2002

Lee Whiteside
Vice President
PO Box 4306
Mesa AZ 85211
Date Taking Office: July 2002

Gary Swaty
Secretary
2046 E South Mountain
Phoenix AZ 85040

Stephanie Bannon
Treasurer
7213 N 37th Dr
Phoenix AZ 85051
Date Taking Office July 2002

8; Directors

Stephanie Bannon
7213 N 37th Dr
Phoenix AZ 85051
Date Taking Office July 2002

Mark Boniece
1720 N Aster Rd
Tempe AZ 85020
Date Taking Office July 2002

Jim Cryer
1736 W Berridge Ln
Phoenix AZ 85015
Date Taking Office: Dec 2001

H. Jeffrey George
1817 W Buchanan
Phoenix AZ 85007
Date Taking Office: Dec 2001

Ray Gish
2527 W Silverado
Mesa AZ 85215
Date Taking Office July 2002

David Hungerford III
PO Box 40635
Mesa AZ 85274
Date Taking Office July 2002

Lee Whiteside
PO Box 4306
Mesa AZ 85211
Date Taking Office: Dec 2001

CASFS 2002 Fiscal Year Report
July 1, 2001 to June 30, 2002

	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE
CASFS MAIN													
BALANCE	\$504.64	\$271.19	\$271.19	\$271.78	\$1,613.31	\$3,781.57	\$4,264.87	\$4,388.87	\$3,180.78	\$7,628.64	\$2,743.31	\$2,222.31	\$510.18
DIFFERENCE (+)		\$1,182.03	\$20.00	\$3.40	\$84.48	\$3,348.26	\$376.79	\$42.00	\$1,206.49	\$283.64	\$628.23	\$4.00	\$1,712.13
CASFS CREDIT CARD													
BALANCE	\$81.20	\$13.14	\$695.37	\$3,445.18	\$3,367.56	\$487.15	\$640.07	\$877.80	\$502.03	\$438.16	\$0.00	\$623.57	\$878.28
DIFFERENCE		\$48.06	\$582.13	\$3,448.80	\$80.60	\$2,714.41	\$17.08	\$17.27	\$77.37	\$77.55	\$1.50	\$7.21	\$7.31
Contributions													
BALANCE	\$1,500.11	\$1,280.17	\$852.26	\$377.77	\$377.77	\$395.50	\$1,278.27	\$2,245.09	\$2,664.68	\$1,720.73	\$1,505.73	\$1,783.79	\$1,783.79
DIFFERENCE		\$108.94	\$427.91	\$474.49	\$0.00	\$82.47	\$842.87	\$580.00	\$867.41	\$181.00	\$343.08	\$215.00	\$385.07
CooperCon (even)													
BALANCE	\$0.00	\$0.00	\$2,000.00	\$2,000.00	\$3,009.57	\$2,807.07	\$2,665.50	\$3,027.07	\$3,551.07	\$2,527.07	\$2,407.07	\$3,587.07	\$4,435.50
DIFFERENCE		\$0.00	\$7,000.00	\$0.00	\$1,009.57	\$4.50	\$31.47	\$61.47	\$25.00	\$500.00	\$115.00	\$1,180.00	\$848.43
CooperCon (odd)													
BALANCE	\$2,727.76	\$3,259.75	\$4,221.50	\$9,247.14	\$9,247.14	\$9,247.14	\$8,985.44	\$8,491.84	\$8,419.80	\$9,424.80	\$9,424.80	\$4,484.90	\$4,484.90
DIFFERENCE		\$508.00	\$188.75	\$5,028.94	\$0.00	\$2,890.04	\$418.74	\$1,484.00	\$71.84	\$5.00	\$0.00	\$800.00	\$0.00
HeadCon (even)													
BALANCE	\$68.47	\$81.76	\$1,473.04	\$1,483.26	\$1,692.28	\$2,436.18	\$2,423.58	\$2,388.50	\$1,352.40	\$1,825.98	\$1,38.08	\$1,285.80	\$1,376.68
DIFFERENCE		\$8.71	\$483.28	\$8.78	\$0.00	\$970.92	\$13.80	\$38.70	\$736.40	\$5.71	\$112.95	\$452.88	\$92.98
HeadCon (odd)													
BALANCE	\$1,462.41	\$6,638.72	\$7,623.56	\$7,583.44	\$7,411.06	\$7,653.82	\$7,901.00	\$7,901.00	\$1,250.00	\$1,500.00	\$1,200.00	\$1,200.00	\$1,200.00
DIFFERENCE		\$5,166.31	\$584.03	\$454.71	\$54.70	\$3,060.24	\$355.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CASFS CD													
BALANCE	\$3,435.88	\$3,435.88	\$3,435.10	\$3,485.00	\$3,485.00	\$3,485.00	\$3,485.00	\$3,485.00	\$3,485.00	\$3,487.44	\$3,487.44	\$3,483.98	\$3,483.98
DIFFERENCE		\$0.00	\$5.41	\$15.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8.25	\$0.00
CASFS ALL													
TOTAL	\$8,158.79	\$15,879.42	\$20,883.17	\$27,633.98	\$38,236.27	\$52,876.19	\$72,805.03	\$72,445.50	\$71,285.81	\$70,388.90	\$19,428.01	\$19,013.07	\$19,022.57
DIFFERENCE		\$6,722.03	\$5,604.49	\$6,590.05	\$774.71	\$5,532.48	\$1,128.84	\$7,268.53	\$1,058.80	\$981.49	\$1,114.94	\$114.94	\$100.10

Please Enter Corporation Name: _____ File number _____ Page 3

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

Nonprofit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Only Nonprofit Corporations must answer this question.

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/or 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 business 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, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.02, 10-1623 & 10-11623)

- A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: **YES** **NO**
- B) Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or 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 business corporations only)

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

If "YES" to A and/or B, the following information must be submitted as an attachment to this report for each person subject to the statement above:

1. The name and address of each corporation and the person or persons involved (e.g. officer, director, trustee or incorporator);
2. The state in which each corporation was a) incorporated b) transacted business;
3. The dates of corporate operation;
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation;
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed;
6. Name and address of court appointed receiver.

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 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 M. Hungerford III Date 9-2-02 Name STEPHANIE LISANN Date 10-2-02
 Signature [Signature] Signature [Signature]
 Title President Title TREASURER

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