



WEB FORM COPY

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



02184009



DUE ON OR BEFORE 10/23/2007

FY07-08

FILING FEE \$10.00

The following information is required by A.R.S. §§10-902B & 10-1182B 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 & 10-9121.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. State changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions on page 4 for proper filing.

1. -0124776-7 CENTRAL ARIZONA SPECULATIVE FICTION SOCIETY, INC. PO BOX 82613 PHOENIX, AZ 85082-2613

RECEIVED OCT 9 9 2007 ARIZONA CORP. COMMISSION CORPORATION COMMISSION

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

2. Statutory Agent: JIM STRAIT Physical Address: Mailing Address: 3229 N 18TH DR Physical Address: City, State, Zip: PHOENIX, AZ 85015 City, State, Zip:

AGC LATER ONLY New \$ Family \$ Marital \$ Equity \$ Resident \$

Use this box only if appointing a new Statutory Agent. If appointing a new statutory agent, the new agent MUST consent to the appointment by signing below. I (I/We) or We (partners or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment and my removal or resignation pursuant to law. Signature of new Statutory Agent 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 CORPORATION: 1. Accounting, 2. Advertising, 3. Amusement, 4. Agriculture, 5. Architecture, 6. Banking/Finance, 7. Business Consultancy, 8. Construction, 9. Contracting, 10. Dental/Dentist, 11. Education, 12. Engineering, 13. Financial Services, 14. Personal Consulting, 15. Health Care, 16. Hospitality, 17. Import/Export, 18. Insurance, 19. Legal Services, 20. Manufacturing, 21. Media, 22. News Media, 23. Pharmaceuticals, 24. Publishing/Printing, 25. Real Estate/Leasing, 26. Real Estate, 27. Retail/Wholesale, 28. Retail Stores, 29. Sales/Distribution, 30. Specialty Services, 31. Technology/Computer, 32. Transportation, 33. Wholesale/Retail, 34. Wholesale/Retail Services, 35. Wholesale/Retail, 36. Other. NON-PROFIT CORPORATION: 1. Charitable, 2. Educational, 3. Religious, 4. Scientific, 5. Cultural, 6. Historical, 7. Artistic, 8. Professional, 9. Other.

6. CAPITALIZATION: (Business 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.

6a. Please submit the corporation's original Articles of Incorporation for the amount of shares authorized.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
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6b. Review all corporate 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)
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8. SHAREHOLDERS: (Business 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. PLEASE PRINT OR TYPE CLEARLY.

None

Name: _____	Name: _____
Name: _____	Name: _____

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

Name: <u>Mark Bonleca</u>	Name: <u>Gary Swaty</u>
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Title: <u>President</u>	Title: <u>Vice-President</u>
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Address: <u>1720 N Aster</u>	Address: <u>2046 E South Mountain</u>
<u>Tempe AZ 85020</u>	<u>Phoenix AZ 85040</u>

Date taking office: <u>July 1, 2007</u>	Date taking office: <u>July 1, 2007</u>
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Name: <u>Susan Utika</u>	Name: <u>Stephanie L. Bennett</u>
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Title: <u>Secretary</u>	Title: <u>Treasurer</u>
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Address: <u>PO Box 50653</u>	Address: <u>7213 N 37th Drive</u>
<u>Mesa AZ 85208</u>	<u>Phoenix AZ 85061</u>

Date taking office: <u>July 1, 2007</u>	Date taking office: <u>July 1, 2007</u>
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8. DIRECTORS PLEASE PRINT OR TYPE CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: <u>Kevin McAlonan</u>	Name: <u>H. Jeffrey George</u>
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Address: <u>PO Box 62813</u>	Address: <u>1817 W Buchanan</u>
<u>Phoenix AZ 85082</u>	<u>Phoenix AZ 85007</u>

Date taking office: <u>July 1, 2007</u>	Date taking office: <u>Jan 1, 2007</u>
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Name: <u>J. B. Talbot</u>	Name: <u>Susan Utika</u>
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Address: <u>3228 W Glendale #130</u>	Address: <u>PO Box 50653</u>
<u>Phoenix AZ 85051</u>	<u>Mesa AZ 85208</u>

Date taking office: <u>July 1, 2007</u>	Date taking office: <u>July 1, 2007</u>
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Income/Expense
7/1/2006 Through 6/30/2007 (Cash Basis)

10/6/2007

Page 1

Category Description	7/1/2006-6/30/2006	10/1/2006-12/31/2006	1/1/2007-3/31/2007	4/1/2007-6/30/2007	OVERALL TOTAL
INCOME					
Uncategorized	17,728.62	3,401.84	81.12	463.26	21,782.64
CAMFIS Funding	0.00	0.00	5,000.00	0.00	5,000.00
Donors	0.00	120.00	0.00	0.00	120.00
Fee	-47.70	0.00	-9.73	-14.07	-68.50
Income	0.00	0.00	1,000.00	0.00	1,000.00
Memberships	0.00	1,422.73	145.00	660.00	2,217.73
Payment Received	130.00	0.00	0.00	0.00	130.00
Reimbursement	0.00	0.00	25.00	1,021.20	1,046.20
Web Accept Payment Received	1,070.00	0.00	170.00	370.00	1,610.00
FROM Advertising Invoices	660.00	1,406.00	666.00	600.00	3,360.00
FROM CAMFIS-MISC	0.00	0.00	0.00	1,298.60	1,298.60
FROM Conventions Subscriptions	20.00	0.00	0.00	0.00	20.00
TOTAL INCOME	18,480.92	4,928.87	7,662.30	4,569.86	37,141.87
EXPENSES					
Uncategorized	11,708.20	8,614.74	1,880.26	1,285.80	21,411.80
Administrative	0.00	200.00	0.00	0.00	200.00
Auction Expenses	0.00	66.00	0.00	0.00	66.00
Bank Charge	60.00	60.00	60.00	20.00	200.00
Cash	0.00	0.00	0.00	-190.00	-190.00
Charitable Donations	0.00	70.00	0.00	481.50	621.50
Convention Expense	660.00	0.00	0.00	0.00	660.00
Dues and Subscriptions	0.00	0.00	242.16	0.00	242.16
Expense Reimbursement	200.00	100.00	200.00	100.00	600.00
Facilities	60.00	2,780.00	660.00	60.00	3,499.99
Fees	220.00	320.25	60.00	204.00	804.25
Food Service	612.00	1,118.00	0.00	0.00	1,730.00
Funding	0.00	0.00	0,000.00	0.00	0,000.00
Insurance	0.00	0.00	0.00	954.60	954.60
Postage and Delivery	267.40	367.60	370.74	700.46	1,899.80
Printing and Reproduction	1,060.00	610.00	1,168.20	2,042.40	4,780.60
Publications	0.00	0.00	64.88	0.00	64.88
Publicity	100.00	0.00	1,068.00	120.00	1,278.00
Registration	0.00	27.75	0.00	0.00	27.75
Ribbons	0.00	75.67	0.00	0.00	75.67
Supplies, Etc	247.62	61.67	0.00	0.00	309.29
Web Expenses	226.38	9.95	0.00	107.64	333.97
TOTAL EXPENSES	16,548.80	12,246.96	40,882.21	3,088.18	44,221.86
OVERALL TOTAL	3,932.12	-8,418.09	-3,922.82	-1,480.30	-7,474.83

8. FINANCIAL DISCLOSURE (A.R.S. §10-1622A.6)

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. § 10-1622A.6)

Only Nonprofit Corporations must answer this question.

This corporation **DOES** DOES NOT have members.

9B. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622A.5 & 10-1622A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person owning five or ten percent more than 10% of the issued and outstanding common shares or 20% of any other securities, beneficial or marketable 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; its date and location; the court and public agency involved, and the title or case number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§(16-902.D.1, 16-902.D.2, 16-1622 & 16-1623)

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 as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled more than 20% of the issued and outstanding common shares or 20% of any other securities, beneficial or marketable interest in any other corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

[Underlined portion pertains to business corporations only]

One box must be marked: YES NO

If "YES" to A or B, 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. (e.g. officer, director, trustee or major stockholder)
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. SUBSTITUTION: 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 Stephanie L. Bannon Date 12-07-2007 Name _____ Date _____

Signature *Stephanie L. Bannon* Signature _____

Title Corporate Treasurer Title _____

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