



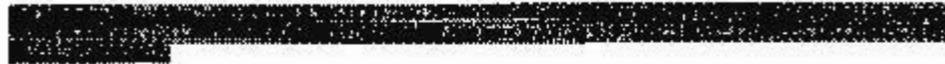
STATE OF ARIZONA
CORPORATION COMMISSION



NONPROFIT CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE
FOREIGN / DOMESTIC

FOR FISCAL YEAR ENDING 12/31/1995

DUE ON OR BEFORE 04/15/1996



Corporation File: -0179005-5
Corporation Name: ADJUNCT FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMMUNITY
Address: % NANCY WIGHTMAN
PO BOX 1428

City, State, Zip: PHOENIX AZ 85001-
Domicile: ARIZONA
Type: NON-PROFIT

A.C.C. CORPORATIONS DIV.
RECEIVED
APR 16 1996

Arizona Statutory Agent: BARBARA J COLE
Street Address: 5340 W SUNNYSIDE DR
(NOT P.O. BOX)

DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING

City, State, Zip: GLENDALE AZ 85304-

1. Check the one category below which best describes the CHARACTER OF AFFAIRS conducted by your corporation in Arizona.

- | | | |
|---|---|--|
| 1. <input type="checkbox"/> Charitable | 8. <input type="checkbox"/> Social | 15. <input type="checkbox"/> Agricultural |
| 2. <input type="checkbox"/> Beneficial | 9. <input type="checkbox"/> Fraternal | 16. <input type="checkbox"/> Horticultural |
| 3. <input type="checkbox"/> Educational | 10. <input type="checkbox"/> Literary | 17. <input type="checkbox"/> Animal Husbandry |
| 4. <input type="checkbox"/> Civic | 11. <input type="checkbox"/> Cultural | 18. <input type="checkbox"/> Homeowners' Association |
| 5. <input type="checkbox"/> Protective | 12. <input type="checkbox"/> Athletic | 19. <input type="checkbox"/> Professional, occupational,
industrial, or trade association |
| 6. <input type="checkbox"/> Political | 13. <input type="checkbox"/> Science/Techonol. | 20. <input type="checkbox"/> Other _____ |
| 7. <input type="checkbox"/> Religious | 14. <input type="checkbox"/> Hospital/Health Care | |



2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less 26 - 100 _____ 101 - 500 _____ Over 500 _____

3.

I, (Includel) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Statutory Agent Name _____

Address _____

Signature _____

City, State, Zip _____

4. Foreign Corporations list Address in Domicile Jurisdiction:

Street/P. O. Box _____

City, State, (Country) Zip _____

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

8. OFFICERS (If no changes since last report, check here ___ and go on to Section 9.)

PRESIDENT: NOBEN TECH
Address: 2938 N 52ND AVE
PHOENIX, AZ 85031-

Date taking office: 09-15-93

SECRETARY: SALLY JARVIS
Address: 6801 N 2ND PL
PHOENIX, AZ 85012-

Date taking office: 09-15-93

VICE PRESIDENT: KAREN HOBBIT
Address: 8813 N CAMBRIDGE
PHOENIX, AZ 85321-

Date taking office: 05-01-93

TREASURER: JANE JARNS
Address: 11601 N 30TH PL
SCOTTSDALE, AZ 85254-

Date taking office: 07-15-93

9. DIRECTORS (If no changes since last report, check here ___ and go on to Section 7.)

NAME: NANCY MELKE
Address: 5526 N MARION WAY
PHOENIX, AZ 85018-

Date taking office: 05-01-93

NAME: ALLEN METZ
Address: 1613 N 19TH PL
PHOENIX, AZ 85006-2321

Date taking office: 05-01-93

NAME: REBECCA JARVIS
Address: 6801 N 2ND PL
PHOENIX, AZ 85012-

Date taking office: 05-01-93

NAME: _____
Address: _____

Date taking office: _____

5. OFFICERS

PRESIDENT: Jack Goodman
Address: 4469 W. Avalon Dr.
Phoenix, AZ 85031
Date taking office: 4-13-96

VICE PRESIDENT: Patricia Brooks
Address: 10605 N. Hayden Rd., #102
Phoenix, AZ 85260
Date taking office: 9-1-95

SECRETARY: Barbra Cole
Address: 5340 W. Sunnyside Dr.
Glendale, AZ 85304
Date taking Office: 4-1-94

TREASURER: Patrick Turner
Address: 5709 W. Royal Palm Rd.
Glendale, AZ 85302
Date taking officer: 9-1-95

DIRECTORS

NAME: Chuck Cummins
Address: 2011 W. Oragnewood
Phoenix, AZ 85021
Date taking office: 4-1-95

NAME: Jonnie Clemens May
Address: 1920 E. Carmen St.
Tempe, AZ 85283
Date taking office: 4-13-96

NAME: Ariene Lurie
Address: 524 W. Orchid Ln.
Phoenix, AZ 85021
Date taking office: 4-1-95

NAME: Norm Tech
Address: 2938 N. 52nd Ave.
Phoenix AZ 85031
Date taking office: 4-13-96

7. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. §10-1061.A.6.)



BALANCE SHEET

ASSETS

Current Assets:

Cash	\$ <u>469.18</u>	
Trade notes and accounts receivable (less allowance for bad debts)	<u>0</u>	
Inventories	<u>0</u>	
Other current assets	<u>0</u>	
Total Current Assets		\$ <u>469.18</u>
Land, buildings and other fixed assets (net of accumulated depreciation)	<u>0</u>	
Other assets	<u>0</u>	
Total Assets		\$ <u>469.18</u>

LIABILITIES

Current Liabilities:

Accounts Payable	\$ <u>0</u>	
Mortgages, notes, bonds (payable in less than 1 year)	<u>0</u>	
Other current liabilities	<u>0</u>	
Total Current Liabilities		<u>0</u>
Mortgages, notes, bonds (payable in more than 1 year)		<u>0</u>
Fund Balances:		
Restricted	<u>0</u>	
Unrestricted	<u>0</u>	
Total Fund Balances		<u>0</u>
Total Liabilities and Fund Balances		\$ <u>0</u>

8.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-1084)

Has any person serving either by election or appointment as officers, directors, trustees, or incorporators:

- 1. Been 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. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or receipt of funds or conspiracy in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate;
- 3. Been 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:

- (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
- (b) involved the violation of the consumer fraud laws of that jurisdiction, or
- (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

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). | |

8.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-1088)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes _____ Chapter _____ Date Filed _____ Case Number _____ No

8. ~~This report must be prepared by the corporation's secretary, assistant secretary, treasurer or controller, or a person authorized to act on behalf of the corporation.~~

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.

By Patrick E. L... Date 4-14-76 By _____ Date _____

Title Treasurer Title _____