



**STATE OF ARIZONA  
CORPORATION COMMISSION**



**NONPROFIT CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE  
FOREIGN / DOMESTIC**

FOR FISCAL YEAR ENDING 12/31/1996

DUE ON OR BEFORE 04/15/1997



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

Arizona Statutory Agent: BARBARA J COLE  
Street Address: 5940 W SUNNYSIDE DR  
(NOT P.O. BOX)

City, State, Zip: GLENDALE AZ 85304-

RECEIVED  
MAR 18 1997  
ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

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"/> Benevolent  | 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"/> Club        | 11. <input type="checkbox"/> Cultural             | 18. <input type="checkbox"/> Homeowners' Association  |
| 5. <input type="checkbox"/> Fraternal   | 12. <input type="checkbox"/> Athletic             | 19. <input checked="" type="checkbox"/> Professional, occupational,<br>industrial, or trade association |
| 6. <input type="checkbox"/> Political   | 13. <input type="checkbox"/> Science/Research     | 20. <input type="checkbox"/> Other  |
| 7. <input type="checkbox"/> Religious   | 14. <input type="checkbox"/> Hospital/Health Care |   |

PAID



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

25 or Less       26 - 100       101 - 500       Over 500



I, (individual) 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 \_\_\_\_\_

**8. OFFICERS** (If no changes since last report, check here  and go on to Section 6.)

PRESIDENT: JACK GOODMAN  
Address: 4459 W AVALON DR  
PHOENIX, AZ 85031-

Date taking office: 04-13-96

SECRETARY: BARBARA COLE  
Address: 5340 W SUNNYSIDE DR  
GLENDALE, AZ 85304-

Date taking office: 04-01-94

VICE PRESIDENT: PATRICIA BROOKS  
Address: 10505 N HAYDEN RD #102  
SCOTTSDALE, AZ 85260-

Date taking office: 09-01-95

TREASURER: PATRICK TURNER  
Address: 5729 W ROYAL PALM RD  
GLENDALE, AZ 85302-

Date taking office: 09-01-95

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

NAME: MARIA TECH  
Address: 2938 N 52ND AVE  
PHOENIX, AZ 85031-

Date taking office: 04-13-96

NAME: JOHNIE CLEMENS MAY  
Address: 1920 E CARMEN ST  
TEMPE, AZ 85283-

Date taking office: 04-13-96

NAME: ARLENE LURIE  
Address: 524 W ORCHID LN  
PHOENIX, AZ 85021-

Date taking office: 04-01-95

NAME: CHUCK CUNNING  
Address: 2013 W ORANGEWOOD  
PHOENIX, AZ 85021-

Date taking office: 04-01-95



THE MCCD ADJUNCT FACULTY ASSOCIATION  
FINANCIAL STATEMENT  
CALENDAR YEAR 1996

Beginning Bank Balance	\$1,225.00
<hr/>	
<u>Receipts</u>	
Total contributions from corporations and individuals Corporate	3,625.00
<u>Expenses</u>	
Printing and clerical services	1,647.00
Post Office box rent	58.00
Meeting room	50.00
Corporation Commission filing	10.00
Bumper stickers	200.00
References books	736.00
Postage stamps	25.00
Total expenses	2,726.00
Ending Bank Balance	\$2,124.00

  
Patrick Turner, treasurer

**9.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 trade or monopoly 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?

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 of the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). |   |

**9.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 X

~~9. This report must be executed by the corporation and signed by its president, a vice-president, secretary, assistant secretary or treasurer. If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.~~

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 49 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 Robert J. Jones Date 3-15-97 By \_\_\_\_\_ Date \_\_\_\_\_

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