



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



1998
 DUE ON OR BEFORE 04/19/1999

FILING FEE \$10.00

The following information is required by A.R.S. §10-1822 & §10-11823 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §18-121.A. & §18-2121.A. 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

1. ADJUNCT FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMMUNITY
 % NANCY WIGHTMAN
 PO BOX 1428
 PHOENIX, AZ 85001

MAR 30 1999

ARIZONA CORPORATION COMMISSION

MISSING 1998 ANNUAL REPORT; CONTACT THE COMMISSION AT 542-32861
 Corporation File Number:

-0179005-5

Business Phone: _____
 State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: *PATRICK E TURK*
 BARBARA J COLE
 Street Address: 5345 W SUNNYSIDE DR
 (NOT P.O. BOX) 5709 W ROYAL PALM RD
 City, State, Zip: GLENDALE AZ 85304 85302

Use this box only if appointing a new Statutory Agent



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.

Patrick E Turk
 Signature of new Statutory Agent

3. Secondary Address:

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"/> 23. Manufacturing | <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 24. Mining | <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Airspace | <input type="checkbox"/> 25. Real Estate | <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 26. Publishing/Printing | <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 27. Real Estate/Leasing | <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 28. Retail Sales | <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Barber/Commodities | <input type="checkbox"/> 29. Science/Research | <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 30. Sports/Sporting Events | <input type="checkbox"/> 8. Library |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 31. Technology (Computer) | <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 32. Technology (General) | <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 33. Television/Radio | <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 34. Tourist/Convention Services | <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 35. Transportation | <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 36. Utilities | <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 37. Veterinary Medical/Animal Care | <input type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Hotel/Hotel | <input type="checkbox"/> 38. Other | <input type="checkbox"/> 16. Professional, occupational, industrial or trade association |
| <input type="checkbox"/> 17. Import/Export | | <input type="checkbox"/> 17. Other |
| <input type="checkbox"/> 18. Insurance | | |
| <input type="checkbox"/> 19. Legal Services | | |



6. CAPITALIZATION:

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	Class	Series Within Class (if any)
<i>NA</i>		
Number of Shares/Certificates Issued	Class	Series Within Class (if any)

8. SHAREHOLDERS:

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.

None Name: *NA* Name: _____
Name: _____ Name: _____

7. OFFICERS (if no changes since last report, check here and go on to Section 8.)

Name: JACK GOODMAN	Name: PATRICIA BROOKS <i>JANICE MORSE</i>
Title: PRESIDENT/CEO	Title: VICE-PRESIDENT
Address: 4469 W AVALON DR PHOENIX, AZ 85031	Address: 10605 N HAYDEN RD #102 <i>6031 N. SCARFEL PINES</i> <i>SCOTTSDALE, AZ 85260</i> <i>ARIZONA AZ 85214</i>
Date taking office: <u>04-13-95</u>	Date taking office: 09-01-95 <u>2-19-98</u>
Name: BARBARA COLE <i>LAURA METCALFE</i>	Name: PATRICK TURNER
Title: SECRETARY	Title: TREASURER
Address: 5340 W CUNNINGHAM DR <i>531 N. SOUTHWEST AVE #110</i> <i>GLENDALE, AZ 85304</i> <i>ARIZONA, AZ 85204</i>	Address: 5709 W ROYAL PALM RD GLENDALE, AZ 85302
Date taking office: 04-01-94 <u>2-8-98</u>	Date taking office: <u>09-01-95</u>

8. DIRECTORS (if no changes since last report, check here and go on to Section 8.)

Name: CHUCK GUMRINS	Name: JOHNNIE GLEMENS-NAY <i>JANE LEAF-MINER</i>
Address: 2011 W ORANGENOOD PHOENIX, AZ 85021	Address: 1920 E GARDEN ST <i>4731 N. TIGER RAN BURNA</i> <i>GLENDALE, AZ 85305</i> <i>TEMPE, AZ 85285</i>
Date taking office: <u>04-01-95</u>	Date taking office: 04-13-96 <u>2-19-98</u>
Name: ARLENE LURIE <i>FRED HURST</i>	Name: NORM TECH
Address: 924 W ORCHID LN <i>1813 W. SOUTHERN</i> <i>ARIZONA, AZ 85202</i> <i>PHOENIX, AZ 85021</i>	Address: 2938 N 52ND AVE PHOENIX, AZ 85031
Date taking office: 04-01-95 <u>2-14-98</u>	Date taking office: <u>04-13-96</u>

3. FINANCIAL DISCLOSURE (A.R.S. §§18-1622.B & 10-11322.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.

10. MEMBERS (A.R.S. § 18-11322.A.6) ~~SECTION OF THE CORPORATION~~

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

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§18-1622.A.9 & 10-2906.A)

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:

1. Convicted of a felony involving a transaction in securities, consumer fraud or anitrust 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?

~~YES~~ 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. §18-202.D.2)

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 worked in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or similar reorganization of the other corporation?

~~YES~~ YES NO

~~Chapter~~ Chapter _____ Date Filed _____ Case Number _____



12. SIGNATURES



I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 45 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 Patrick E. Turner Date _____ Name PATRICK E TURNER Date 3-28-99
 Signature _____ Signature Patrick E. Turner
 Title _____ Title TREASURER

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

