



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



DUE ON OR BEFORE 04/19/1999

FILING FEE \$10.00

The following information is required by A.R.S. §10-1022 & §10-11022 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. & §10-121.A. INFORMATION CONCERNING THE COMMISSION'S OFFICE HOURS, STATE 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.

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MAR 30 1999

ARIZONA STATE COMMISSION
CORPORATION DIVISION

- ADJUNCT FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMMUNITY
% NANCY WIGHTMAN
PO BOX 142B
PHOENIX, AZ 85001

MISSING 1998 ANNUAL REPORT; CONTACT THE COMMISSION AT 642-32851
Corporation File Number:

-0179005-5

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

9-3-99

- Arizona Statutory Agent: ~~BARBARA J GBLE~~
Street Address: ~~5346 W SUNNYSIDE DR~~
(NOT P.O. BOX) ~~5707 W. RYAN PALM RD.~~
City, State, Zip: GLENDALE AZ 85004-8172

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. Jones
Signature of new Statutory Agent

A.C.C. CORPORATIONS DIV.
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- Secondary Address:

- Check the one category below which best describes the CHARACTER OF BUSINESS OF YOUR CORPORATION. DOCUMENTS ARE SUBJECT TO REVIEW BEFORE FILING

BUSINESS CORPORATIONS		NON-PROFIT CORPORATIONS
1. Accounting	31. Manufacturing	1. Charitable
2. Advertising	32. Mining	2. Benevolent
3. Airspace	33. Music/Media	3. Educational
4. Agriculture	34. Pharmaceutical	4. Civic
5. Architecture	35. Publishing/Printing	5. Political
6. Banking/Finance	36. Retail/Liquor	6. Religious
7. Barbers/Commodities	37. Real Estate	7. Social
8. Construction	38. Restaurant/Bar	8. Library
9. Contractor	39. Retail Sales	9. Cultural
10. Credit/Collection	40. Services/Insurance	10. Athletic
11. Education	41. Sports/Recreation Events	11. Entertainment/Recreation
12. Engineering	42. Technology (Computers)	12. Hospital/Health Care
13. Entertainment	43. Technology (General)	13. Agricultural
14. General Consulting	44. Television/Radio	14. Animal Husbandry
15. Health Care	45. Travel/Convention Services	15. Homeowner's Association
16. Hotel/Hotel	46. Transportation	16. Professional, commercial, industrial or trade association
17. Import/Export	47. Utilities	17. Other
18. Insurance	48. Veterinary Health/Animal Care	
19. Legal Services	49. Other	

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

6. 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 BOODMAN Name: JAMES L. MOORE
PATRICIA BROOKS
 Title: PRESIDENT/CEO Title: VICE-PRESIDENT
 Address: 4469 W AVALON DR Address: 6031 E. SCARPA CIRCLE
PHOENIX, AZ 85031- 10605 N HAYDEN RD #102
SCOTTSDALE, AZ 85250

Date taking office: 04-13-96 Date taking office: 09-01-95 2-14-98
 Name: BARBARA COLE LAURA MITCHELL Name: PATRICK TURNER
 Title: SECRETARY Title: TREASURER
 Address: 535 E. SOUTHERN AVE. #11 Address: 5709 W ROYAL PALM DR
5340 W SUNNYSIDE DR GLENDALE, AZ 85302-
GLENDALE, AZ 85304 P 5204

Date taking office: 05-01-94 2-7-98 Date taking office: 09-01-95

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

Name: CHUCK CUMMINS Name: JOHN E. GLENNS-NAV
 Address: 3011 W ORANGEWOOD Address: 1920 E CARMEN ST
PHOENIX, AZ 85021- 1431 W. TERRA BUENA
GLENDALE, AZ 85306

Date taking office: 04-01-95 Date taking office: 04-13-96
 Name: ARLENE LURIE Name: NDRN TECH
 Address: 524 W ORCHID LN Address: 2938 N 52ND AVE
PHOENIX, AZ 85021- PHOENIX, AZ 85031-

Date taking office: 04-01-95 Date taking office: 04-13-96

**THE MCD ADJUNCT FACULTY ASSOCIATION
 FINANCIAL STATEMENT**

January 9, 1999

Cash on January 3, 1998		\$2,217
Revenue		
voluntary membership	925.00	
book sales (<i>Strangers...</i> ; <i>Handbook...</i>)	50.00	
Subtotal	\$975	
Expenses		
1998 Convention	400	
Postmaster (PO box rent)	58	
MCC print shop (newsletter)	330	
Subtotal	\$888	
Cash on hand today		\$2,304

We have no outstanding bills (at the start of this meeting). We have material assets consisting of copies of 8 copies of "Strangers ...", 10 copies of "The Adjunct Faculty Handbook" and about 20 bumper stickers.

Submitted by:



Patrick Turner, treasurer



9. FINANCIAL DISCLOSURE (A.R.S. §§18-1822.B & 10-11622.A.3)

Only nonprofit corporations must submit a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.4) ~~MEMBERS OF THE CORPORATION~~

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

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.3 & 18-2894.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 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) the corporation's prohibition of the sale of securities of that jurisdiction; or
 - (b) the corporation's fraud laws of that jurisdiction; or
 - (c) the restraint or restraint of trade laws of that jurisdiction?
- ~~SECTION 10-1622.A.3~~ 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. | 6. Date and location of birth. |
| 2. Full birth name. | 7. Social Security Number |
| 3. Present home address. | 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. §10-262.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 served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation?

~~SECTION 10-262.D.2~~ YES NO
Chapter _____ Date Filed _____ Case Number _____

12. SIGNATURES

~~SECTION 10-262.D.2~~

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 PATRICK E TURNER Date 2-28-07 Name _____ Date _____
 Signature *Patrick E Turner* Signature _____
 Title TREASURER Title _____
 (Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)

