



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



DUE ON OR BEFORE 04/19/2002 F201-02 FILING FEE \$10.00

The following information is required by A.R.S. §§10-1002 & 10-1102 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 & 10-3121.A. Make 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.

1. -0179008-5
ADVISORY FACILITY ASSOCIATION OF THE MARICOPA COUNTY COMMUNITY
4931 W. SIERRA BUSH 46 JANE MILLER
GLENDALE, AZ 85306

Business Phone: [REDACTED]
State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

RECEIVED

1. Arizona Statutory Agent: JANE LEAF-MILLER
Street Address: 4931 W SIERRA BUSH LN
City, State, Zip: GLENDALE, AZ 85306

MAY - 7 2002

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Use this box only if appointing a new Statutory Agent.

ADD USE ONLY

Name: [REDACTED]

Family: [REDACTED]

Residence: [REDACTED]

Business: [REDACTED]

Resident: [REDACTED]

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.

Jane Leaf-Miller
Signature of new Statutory Agent

2. Secondary Address: [REDACTED]

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

- | BUSINESS CORPORATIONS | | NON-PROFIT CORPORATIONS |
|------------------------|-------------------------------------|---------------------------------------------------------------|
| 1. Accounting | 20. Manufacturing | 1. Charitable |
| 2. Advertising | 21. Mining | 2. Educational |
| 3. Aerospace | 22. Home Health | 3. Ethical |
| 4. Agriculture | 23. Pharmaceuticals | 4. Civic |
| 5. Architecture | 24. Publishing/Printing | 5. Political |
| 6. Banking/Finance | 25. Publishing/Workshop | 6. Religious |
| 7. Business/Consulting | 26. Real Estate | 7. Social |
| 8. Construction | 27. Retail/Wholesale | 8. Library |
| 9. Contractor | 28. Retail Sales | 9. Cultural |
| 10. Distribution | 29. Services/Professional | 10. Athletic |
| 11. Education | 30. Specialty/Service Center | 11. Schools/Research |
| 12. Engineering | 31. Technology/Computer | 12. Hospital/Health Care |
| 13. Entertainment | 32. Technology/General | 13. Agriculture |
| 14. General Consulting | 33. Tobacco/Tobacco | 14. Animal Husbandry |
| 15. Health Care | 34. Travel/Convention Services | 15. Homeowner's Association |
| 16. Hotel/Motel | 35. Transportation | 16. Professional, Commercial, Individual or Trade Association |
| 17. Import/Export | 36. Utilities | 17. Other |
| 18. Insurance | 37. Veterinary Medicine/Animal Care | |
| 19. Legal Services | 38. Other | |

6. CAPITALIZATION

Business trusts must include 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		

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: _____ Name: _____
 Name: _____ Name: _____

7. OFFICERS PLEASE TYPE OR PRINT CLEARLY.

Name: <u>PALLA GARNER</u>	Name: <u>PATRICIA MARONAK</u>
Title: <u>PRESIDENT</u>	Title: <u>VICE PRESIDENT</u>
Address: <u>1422 N. 15TH PLACE</u>	Address: <u>920 E. BROAD ST.</u>
<u>PHOENIX, AZ 85022</u>	<u>PHOENIX, AZ 85020-1118</u>
Date taking office: <u>5/2001</u>	Date taking office: <u>1/2002</u>
Name: <u>ANGELINE SURGER</u>	Name: <u>JANE LEAF-MILLER</u>
Title: <u>SECRETARY</u>	Title: <u>TREASURER</u>
Address: <u>1906 E. LIBRA DR.</u>	Address: <u>1931 W. TIERRA ANCHA</u>
<u>TEMPE, AZ 85283</u>	<u>GLENDALE, AZ 85306</u>
Date taking office: <u>4/6/2000</u>	Date taking office: <u>9/8/1999</u>

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY.

Name: <u>BOB SENNER</u>	Name: <u>JOAK GOODMAN</u>
Address: <u>14020 N. ALK CYN HURST² DR.</u>	Address: <u>4469 W. BIALOW DR.</u>
<u>PHOENIX, AZ 85033</u>	<u>PHOENIX, AZ 85031</u>
Date taking office: <u>5/8/1999</u>	Date taking office: <u>5/8/1999</u>
Name: <u>DONNA HANNA</u>	Name: <u>VILJA THOMPSON</u>
Address: <u>4752 E EDEN DR</u>	Address: <u>4159 N 78TH (W) W</u>
<u>CAVE CREEK, AZ 85331</u>	<u>SCOTTSDALE, AZ 85251</u>
Date taking office: <u>11/2000</u>	Date taking office: <u>11/2001</u>

ADJUNCT FACULTY ASSOCIATION OF THE MARICOPA
COUNTY COMMUNITY COLLEGE DISTRICT

BALANCE SHEET
December 31, 2001

ASSETS

CASH	\$ 11,144.33
ACCOUNTS RECEIVABLE	\$ -0-
TOTAL ASSETS	\$ 11,144.33

LIABILITIES/EQUITY

ACCOUNTS PAYABLE	\$ -0-
EQUITY	\$ 11,144.33
TOTAL LIABILITIES & EQUITY	\$ 11,144.33

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.6)

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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.

9A. MEMBERS (A.R.S. § 10-11622.A.8)

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

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.3 & 10-11622.A.7)

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 ownership, beneficial or membership interest in the corporation been: (Underlined portion pertains to profit corporations only)

1. Convicted of a felony involving a defendant in securities, consumer fraud or similar 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 regulation 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 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. §§10-302.D.2 & 10-302.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 ownership, 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 similar reorganization of the other corporation? (Underlined portion pertains to profit corporations only)

YES NO

Chapter _____ Date Filed _____ Case Number _____

12. SIGNATURES

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 (has) 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 Paula Lorenz Date 5-4-02
 Signature Paula Lorenz Signature Paula Lorenz
 Title Treasurer Title President

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