



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

AZ Corp. Commission
00756188

DATE ON OR BEFORE 04/30/2003

FD03-03

FILING FEE \$30.00

The following information is required by A.R.S. §§10-702 & 10-71002 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-711A, & 10-0121A. **Make changes or corrections where necessary. Information for this report should reflect the current status of the corporation. See instructions for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.**

1. **-0179005-J**
ADJUTANT FACULTY ASSOCIATION OF THE MARICOPA COUNTY
20 JOHN WILLIAMS
4831 W TIMBERA SUMMIT
SCOTTSDALE, AZ 85268

RECEIVED
RECEIVED
APR 18 2003
AUG 5 - 2003

Business Phone: _____ ARIZONA CORP. COMMISSION
State of Domicile: **ARIZONA** Type of Corporation: **NON-PROFIT**

2. Secretary Agent: **JOHN WILLIAMS**
Mailing Address: **4831 W TIMBERA SUMMIT 207**
OLYMPIA, WASH. 98513

Jeanne Chastain
Physical address: **2029 E. CAROLINA AVE.**
City, State, Zip: **SCOTTSDALE, AZ 85261-1807**

NOV 8-7-03
7036/20/03

ADD ME ONLY
Fax: **10**
Priority: _____
Expedite: _____
Capable: _____
Priority: _____

Use this box only if appointing a new Secretary Agent

(Printed or Ink Impressed name of Secretary Agent)
John Williams
Signature of new Secretary Agent

RECEIVED

3. Secretary Address: _____

617640 640438

JUN 24 2003

ARIZONA CORP. COMMISSION
CORPORATION DIVISION

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

- | BUSINESS CORPORATIONS | | NON-PROFIT CORPORATIONS |
|--------------------------|--------------------------------|-------------------------------|
| 1. Accounting | 21. Manufacturing | 1. Charitable |
| 2. Advertising | 22. Mining | 2. Educational |
| 3. Amusement | 23. Motion Picture | 3. Fraternal |
| 4. Agriculture | 24. Transportation | 4. Civic |
| 5. Architecture | 25. Publishing/Printing | 5. Religious |
| 6. Banking/Finance | 26. Real Estate/Leasing | 6. Political |
| 7. Bar/Broker/Consulting | 27. Retail/Wholesale | 7. Social |
| 8. Chemical | 28. Restaurant/Cafe | 8. Library |
| 9. Computer | 29. School/Institution | 9. Defense |
| 10. Construction | 30. Service/Trade | 10. Athletic |
| 11. Insurance | 31. Specialty/Service | 11. Religious/Ministry |
| 12. Engineering | 32. Technology (Computer) | 12. Hospital/Health Care |
| 13. Entertainment | 33. Technology (General) | 13. Agricultural |
| 14. General Contracting | 34. Television/Radio | 14. Federal/State/County |
| 15. Health Care | 35. Travel/Tourism/Services | 15. Non-Profit Association |
| 16. Hotel/Motel | 36. Transportation | 16. Professional Association |
| 17. Import/Export | 37. Utility | 17. International Association |
| 18. Investment | 38. Voluntary Non-Profit/Other | 18. Other |
| 19. Legal Services | 39. Other | |

-0177908-5 ADDRESS FACILITY ASSOCIATION OF THE MARICOPA COUNTY COMMUNITY Page 2
 B. CAPITALIZATION: Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. Please examine the corporation's original Articles of Incorporation for the amount of shares authorized. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of shares issued. Please Print or Type Clearly.

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. Please Type or Print Clearly.

None Name: _____ Name: _____
 Name: _____ Name: _____

7. OFFICERS: Please Type or Print Clearly. You Must List at Least One.

Name: <u>PAULA GARDNER</u>	Name: <u>ATRICIA MARCHON</u>
Title: <u>PRESIDENT</u>	Title: <u>VICE PRESIDENT</u>
Address: <u>1422 N. 15TH AVE</u> <u>PHOENIX, AZ 85008</u>	Address: <u>920 E. BROAD ST.</u> <u>PHOENIX, AZ 85001-1718</u>
Date taking office: <u>5/2002</u>	Date taking office: <u>1/2002</u>
Name: <u>VILCO THOMPSON</u>	Name: <u>JANE LEAF-MILLER</u>
Title: <u>SECRETARY</u>	Title: <u>TREASURER</u>
Address: <u>1004 N. 70TH AVE</u> <u>SCOTTSDALE, AZ 85261</u>	Address: <u>4951 W. TIGON BLVD</u> <u>GLENDALE, AZ 85306</u>
Date taking office: <u>9/2002</u>	Date taking office: <u>5/2002</u>

8. DIRECTORS: Please Type or Print Clearly. You Must List at Least One.

Name: <u>ALB SENTER</u>	Name: <u>JACK GOODMAN</u>
Address: <u>1400 N. 24TH AVE</u> <u>PHOENIX, AZ 85008</u>	Address: <u>4409 W. ANGLON DR</u> <u>PHOENIX, AZ 85001</u>
Date taking office: <u>5/2/1999</u>	Date taking office: _____
Name: _____	Name: _____
Address: _____	Address: _____
Date taking office: _____	Date taking office: _____

ADJUNCT FACULTY ASSOCIATION OF THE MARICOPA COUNTY
COMMUNITY COLLEGE DISTRICT

BALANCE SHEET
December 31, 2002

ASSETS

CASH	\$ 12,868.30
ACCOUNTS RECEIVABLE	\$ <u>0</u>
TOTAL ASSETS	\$ <u>12,868.30</u>

LIABILITIES/EQUITY

ACCOUNTS PAYABLE	\$ 0
EQUITY	\$ 12,868.30
TOTAL LIABILITIES & EQUITY	\$ <u>12,868.30</u>

1. FINANCIAL DISCLOSURE (A.R.S. §10-1102.A.5)

For all persons serving other by election or appointment as officer, director, trustee, incorporator and/or partner in a business or other activity, the amount and character of all assets, liabilities, and other interests of the person and of the person's spouse or 50% of any other individual, husband or wife, or partner in the business, in the person's household (underlined portion pertains to business corporations only)

2. MEMBERSHIP (A.R.S. § 10-1102.A.6)

This corporation DOES DOES NOT have members.

3. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1022.A.5 & 10-1102.A.7)

Has ANY person serving other by election or appointment as officer, director, trustee, incorporator and/or partner in a business or other activity, the amount and character of all assets, liabilities, and other interests of the person and of the person's spouse or 50% of any other individual, husband or wife, or partner in the business, in the person's household (underlined portion pertains to business corporations only)

- Conducted a fiduciary investigation in accordance with applicable law or other state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
- Conducted a fiduciary investigation of the assets, liabilities, and other interests of the person and of the person's spouse or 50% of any other individual, husband or wife, or partner in the business, in the person's household within the seven year period immediately preceding execution of this certificate where such investigation, judgment, decree or permanent order involved the violation of:
 - (a) the federal or registration provisions of the securities laws of that jurisdiction, or
 - (b) the criminal 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. Title and description of each position or jurisdiction; the date of filing the court and publicizing involved, and the file or case number of the case. |
| 4. Prior addresses for immediate preceding 7 year period. | |

4. STATEMENT OF BANKRUPTCY, REORGANIZATION OR CHAPTER REVISION (A.R.S. §§10-602.B.2, 10-602.C.1, 10-1000 & 10-1002)

Has the corporation filed a petition for bankruptcy or appointed a receiver? YES NO

Has ANY person serving other by election or appointment as an officer, director, trustee, incorporator and/or partner in a business or other activity, the amount and character of all assets, liabilities, and other interests of the person and of the person's spouse or 50% of any other individual, husband or wife, or partner in the business, in the person's household (underlined portion pertains to business corporations only)

YES NO



I, the undersigned, declare under penalty of perjury that all corporate income tax returns required by Title 42 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of perjury that I (we) have examined this report and the exhibits, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Signature: [Handwritten Signature] Date: 10/15/05
Signature: [Handwritten Signature] Signature: _____
Title: Treasurer Title: _____

(Signatures must be duly authorized corporate officers) Refer to section 7 of this report.