



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

AR Corp. Commission
01165891

DUE ON OR BEFORE 04/19/2005

FT04-05

FILING FEE \$10.00

The following information is required by A.R.S. §§10-1022 & 10-1122 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-101.A & 10-1021.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions on page 4 for proper format.

1. -0179005-5
ADJUNCT FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
c/o GEORGE CHRISTOPHER JAMES L. LATHAM
5629 E. CAMBRIDGE AVE #218 E. FOOTHILL CIRCLE
SCOTTSDALE, AZ 85257-2807 85255

RECEIVED

MAR 5 2005

Business Phone: _____ (Business phone is optional)

State of Domicile: ARIZONA Type of Corporation: NOT-PROFIT

ARIZONA CORP. COMMISSION

2. Statutory agent: GEORGE CHRISTOPHER JAMES L. LATHAM Physical address, if different:
Mailing address: 5629 E. CAMBRIDGE AVE #218 E. FOOTHILL CIRCLE Physical address: 5629 E. FOOTHILL CIRCLE
City, State, zip: SCOTTSDALE, AZ 85257-2807 City, State, zip: SCOTTSDALE, AZ 85257-2807

ACC USE ONLY
Fee \$10.00
Penalty \$ _____
Rebate \$ _____
Expense \$ _____
Receipt \$ _____

Use this box only if appointing a new Statutory Agent

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

(Individual or LLC, regardless of how liability is covered) being designated the new Statutory Agent, do hereby consent to the appointment and I hereby accept the appointment to law.

James L. Latham
Signature of new Statutory Agent

JAMES L. LATHAM
Printed Name of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are
REQUIRED to complete
this section).

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"/> 1. Charitable |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 2. Broadcasting |
| <input type="checkbox"/> 3. Airspace | <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 4. Child |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Biotech/Chemology | <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 8. Library |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Hotel/Motel | <input checked="" type="checkbox"/> 16. Fraternal, service club, industrial-occupational association |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 17. Other |
| <input type="checkbox"/> 18. Insurance | |
| <input type="checkbox"/> 19. Legal Services | |
| <input type="checkbox"/> 20. Manufacturing | |
| <input type="checkbox"/> 21. Mining | |
| <input type="checkbox"/> 22. Non-Profit | |
| <input type="checkbox"/> 23. Pharmaceutical | |
| <input type="checkbox"/> 24. Publishing/Printing | |
| <input type="checkbox"/> 25. Real Estate/Leasehold | |
| <input type="checkbox"/> 26. Retail/Wholesale | |
| <input type="checkbox"/> 27. Restaurant/Bar | |
| <input type="checkbox"/> 28. Retail Sales | |
| <input type="checkbox"/> 29. Sales/Wholesale | |
| <input type="checkbox"/> 30. Sports/Sporting Events | |
| <input type="checkbox"/> 31. Technology/Computer | |
| <input type="checkbox"/> 32. Training/Education | |
| <input type="checkbox"/> 33. Television/Radio | |
| <input type="checkbox"/> 34. Tourism/Convention Services | |
| <input type="checkbox"/> 35. Transportation | |
| <input type="checkbox"/> 36. Utilities | |
| <input type="checkbox"/> 37. Veterinary/Medical/Dental Care | |
| <input type="checkbox"/> 38. Other | |

5. CAPITALIZATION (Business Corporations and Business Trusts are REQUIRED to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. Please print or type clearly.

5a. Please examine the corporation's original Articles of Incorporation for the amount of shares authorized.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
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5b. 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.

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
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6. SHAREHOLDERS (Business Corporations and Business Trusts are REQUIRED to complete this section.)

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.

Name: _____ Name: _____

NONE

Name: _____ Name: _____

7. OFFICERS Please type or print clearly. You must list at least one.

Name: JEANNE CHRISTIAN Name: KRISTINA OULTS

Title: PRESIDENT Title: VICE PRESIDENT

Address: 8629 E. CAMBRIDGE AVE Address: 2553 E. MALLORY
SCOTTSDALE, AZ 85257 MESA, AZ 85213

Date taking office: JULY 1, 2004 Date taking office: JULY 1, 2004

Name: JAMES L. LATHAM Name: ROSA ELLINGTON

Title: TREASURER Title: SECRETARY

Address: 8218 E. FOOTHILL CIRCLE Address: 864 W. CONSTOCK DR
SCOTTSDALE, AZ 85255 CHANDLER, AZ 85225

Date taking office: JULY 1, 2004 Date taking office: _____

8. DIRECTORS Please type or print clearly. You must list at least one.

Name: KATHY CZERANKO Name: JIM HAMILTON

Address: 1661 W. KINGBIRD DR. Address: 8341 N. 57th DR.
CHANDLER, AZ 85248 GLENDALE, AZ 85302

Date taking office: JULY 1, 2004 Date taking office: JULY 1, 2004

Name: ADOLE JAMES Name: KRISTIE SMITH

Address: 1727 W. EMILITA AVE #1080 Address: 9330 W. McDOWELL #3051
MESA, AZ 85202 PHOENIX, AZ 85037

Date taking office: JULY 1, 2004 Date taking office: JULY 1, 2004

ADJUNCT FACULTY ASSOCIATION OF THE MARICOPA
COMMUNITY COLLEGE DISTRICT

BALANCE SHEET
12/31/04

ASSETS:

Cash (Wells Fargo checking account)	\$15,441.24
Accounts Receivable	<u>0.00</u>
Total Assets	\$15,441.24

LIABILITIES:

Accounts Payable	0.00
Total Liabilities	0.00

EQUITY: \$15,441.24

WELLS FARGO BANK, N.A.
DOWNTOWN TEMPE OFFICE
P.O. BOX 8988
PORTLAND, OR 97228-8988

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Account Number: 819
Statement End Date:

(CO 38)
620-875-8838
12/31/04

|||||
ADJUNCT FACULTY ASSOCIATION
8629 E CAMBRIDGE AVE
SCOTTSDALE AZ 85257-1887

If you have any questions about this statement or your accounts, call: 800-225-8888 (1-800-CALL-WELLS).

Your Accounts at a Glance

Account Type	Beginning Balance	Deposits/Credits	Withdrawals/Debits	Ending Balance
Basic Business Checking 089-8794926	15,441.24	2.00	- 2.00	15,441.24

News from Wells Fargo

Important News About Business Checkings!

Order Business Checks Free Wells Fargo's checks provider - Save 25%.
Call 1-800-327-3882.

As of December 1, 2004, Wells Fargo's provider of Business Checks will be John H. Harland Company. Harland has a long-established reputation for integrity, reliability and service. When you order checks through Wells Fargo's checks provider, you have the peace of mind knowing:

- Your account information is protected and secure
- The checks you receive will be of the highest quality at competitive prices
- The checks you receive are 100% compatible with all major accounting packages
- The products offered will help meet your business needs: throw-to-the-page checks, computer checks, deposit tickets, envelopes and more.

Order now! Save 25%. It's 2AP way of thanking you for working with our new checks provider. Offer ends May 31, 2005. Please reference X-086 when ordering.

Order your Wells Fargo Business Checks today!
Call 1-800-327-3882.

*Not valid with any other offer.

Basic Business Checking 089-8794926

Adjunct Faculty Association		
Nov 22	Beginning Balance	15,441.24
Dec 21	Ending Balance	15,441.24

Continued on next page

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8. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.6)

Nonprofit corporations must attach a financial statement (e.g. Income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.8)

Only Nonprofit Corporations must answer this question.

This corporation **DOES** **DOES NOT** have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-11622.A.5 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or 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 (Underlined portion pertains to business corporations only)

1. Convicted of a felony involving a fraud or crime in securities, consumer fraud or criminal 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 or fraud laws of that jurisdiction, or
 - (c) the securities or restraint of trade laws of that jurisdiction?

One box must be marked: 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, RECEIVERSHIP OR CHARTER REVOCATION (A.R.S. §§10-302.D.3, 10-3202.D.2, 10-1822 & 10-11622)

A) Has the corporation filed a petition for bankruptcy or appointed a receiver?

One box must be marked: YES NO

B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in any other corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

(Underlined portion pertains to business corporations only)

One box must be marked: YES NO

If "YES" to A and/or B, the following information must be submitted as an attachment to this report for each person subject to the statement above.

1. The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

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 certificates including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name James H. Roth Date _____

Name JAMES L. LATHAM Date 9/10/05

Signature [Signature]

Signature [Signature]

Title _____

Title TREASURER

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