



ARIZONA CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

AZ Corp. Commission



02134564

DUE ON OR BEFORE 04/15/2006

FT05-05

PLEASE PRINT CLEARLY

The following information is required by A.R.S. §§10-1002 & 10-1003 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 TO THE CORP. COMMISSION OFFICE. Note changes or amendments where necessary. Information for the report should reflect the current status of the corporation. See instructions on page 4 for proper format.

0179005-5
ARIZONA FACILITY ASSOCIATION OF THE MARICOPA COUNTY
c/o JANE LEAE-MILLER
49312 TISON BLVD LA
GLENDALE, AZ 85306

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APR 10 2006

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: _____

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

Statutory Agent: JANE LEAE-MILLER

Statutory Agent Address: 20 DILLON

Statutory Agent Address: 49312 TISON BLVD

Statutory Agent Address: _____

City, State, Zip: GLENDALE, AZ 85306

City, State, Zip: _____

ARIZONA ONLY

For: 10

Party: 10

Reason: 10

Date: _____

Number: _____

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.

I, Jane Leae-Miller
Statutory Agent

JANE LEAE-MILLER
Print Name of the Statutory Agent

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ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

2. Secondary Address:

Florida Corporations are required to complete this section.

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

- | | | |
|---|---|--|
| 1. Agriculture | 11. Manufacturing | 21. Wholesale and Retail Trade |
| 2. Forestry | 12. Mining | 22. Transportation and Public Utilities |
| 3. Commerce | 13. Chemical and Allied Products | 23. Finance, Insurance, and Real Estate |
| 4. Services | 14. Food and Kindred Products | 24. Health Services |
| 5. Wholesale and Retail Trade | 15. Textile, Apparel, and Leather Goods | 25. Education |
| 6. Transportation and Public Utilities | 16. Stone, Clay, and Glass Products | 26. Health, Education, and Social Services |
| 7. Finance, Insurance, and Real Estate | 17. Furniture and Related Products | 27. Health, Education, and Social Services |
| 8. Health Services | 18. Machinery, Equipment, and Instruments | 28. Health, Education, and Social Services |
| 9. Education | 19. Electrical, Electronic, and Optical Equipment | 29. Health, Education, and Social Services |
| 10. Health, Education, and Social Services | 20. Transportation and Public Utilities | 30. Health, Education, and Social Services |
| 11. Manufacturing | 21. Wholesale and Retail Trade | 31. Health, Education, and Social Services |
| 12. Mining | 22. Transportation and Public Utilities | 32. Health, Education, and Social Services |
| 13. Chemical and Allied Products | 23. Finance, Insurance, and Real Estate | 33. Health, Education, and Social Services |
| 14. Food and Kindred Products | 24. Health Services | 34. Health, Education, and Social Services |
| 15. Textile, Apparel, and Leather Goods | 25. Education | 35. Health, Education, and Social Services |
| 16. Stone, Clay, and Glass Products | 26. Health, Education, and Social Services | 36. Health, Education, and Social Services |
| 17. Furniture and Related Products | 27. Health, Education, and Social Services | 37. Health, Education, and Social Services |
| 18. Machinery, Equipment, and Instruments | 28. Health, Education, and Social Services | 38. Health, Education, and Social Services |
| 19. Electrical, Electronic, and Optical Equipment | 29. Health, Education, and Social Services | 39. Health, Education, and Social Services |
| 20. Transportation and Public Utilities | 30. Health, Education, and Social Services | 40. Health, Education, and Social Services |

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ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

6. 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.

aa. 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)

bb. Review all corporation amendments to determine if the original number of shares has changed. Exclude the corporation's shares for the number of shares listed.

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

7. SHAREHOLDERS: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 10% of any class of shares issued by the corporation, or having more than a 10% beneficial interest in the corporation. Please Type or Print Clearly.

Name: _____ Title: _____
 NONE Name: _____ Title: _____
 Name: _____ Title: _____

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

Name: <u>JEANNE CHESTAN</u>	Name: <u>ROSA ELLINGTON</u>
Title: <u>PRESIDENT</u>	Title: <u>SECRETARY</u>
Address: <u>8629 E. CAMERON AVE.</u>	Address: <u>864 W. COMSTOCK DR</u>
<u>SCOTTSDALE, AZ 85257</u>	<u>CHANDLER, AZ 85225</u>
Date taking office: <u>JULY 1, 2004</u>	Date taking office: <u>JULY 1, 2004</u>
Name: <u>JAMES V. LATHAM</u>	Name: <u>MICHAEL MALZC</u>
Title: <u>TREASURER</u>	Title: <u>TREASURER</u>
Address: <u>8318 E. FOOTBALL CIRCL</u>	Address: <u>4931 W. TIERRA BUENA</u>
<u>SCOTTSDALE, AZ 85255</u>	<u>GLENDALE, AZ 85306</u>
Date taking office: <u>AUG 1, 2004</u>	Date taking office: <u>JULY 1, 2006</u>

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

Name: <u>ANITA JAMES</u>	Name: <u>KATHY GARLAND</u>
Address: <u>1727 W. GUNITE AVE #100</u>	Address: <u>1661 W. KENNEDY DR</u>
<u>NOGA, AZ 85202</u>	<u>CHANDLER, AZ 85226</u>
Date taking office: <u>JULY 1, 2004</u>	Date taking office: <u>JULY 1, 2004</u>
Name: _____	Name: _____
Address: _____	Address: _____
Date taking office: _____	Date taking office: _____

Adjunct Family Association
Financial Statement
January 28, 2006

Checking account balance as of December 31, 2005:	<u>\$2,245.69</u>
Savings account balance as of December 31, 2005:	<u>\$15,114.48</u>
Total	\$17,360.17

Submitted by

James L. Leighton
Treasurer

ADJUNCT FACULTY ASSOCIATION OF THE MARICOPA
COMMUNITY COLLEGE DISTRICT

BALANCE SHEET
12/31/2005

ASSETS:

Cash (Wells Fargo checking account)	\$ 1,625.89
Savings (Wells Fargo)	\$15,114.48

Total Assets	\$16,740.17
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LIABILITIES:

Accounts Payable	0.00
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Total Liabilities	0.00
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EQUITY:

	\$16,740.17
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9. FINANCIAL DISCLOSURE (A.R.S. §10-1102A.6)

Report corporate expenditures in financial statement (e.g. income expense statement, balance sheet including assets, liabilities). All other items of disclosure are except from filing a financial statement.

10. MEMBERSHIP (A.R.S. § 10-1102A.6)

Only nonprofit corporations must answer this question.

This corporation DOES DOES NOT have members.

10. CONFIDENTIALITY OF INFORMATION (A.R.S. §10-1102A.6 & 10-1102A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator or other person exercising control over the corporation 10% of the issued and outstanding common stock or 10% of any other securities, beneficial or non-beneficial interest in the domestic or foreign jurisdiction pertains to business organizations only?

- 1. Confirmed of a lobby involving a member of the executive, consumer fund or similar in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate
- 2. Confirmed of a lobby, the essential elements of which consisted of fact, misrepresentation, trust by false pretense or receipt of funds or property 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 lacked the definition of:
 - (a) Inad or regulation provisions of the constitution laws of that jurisdiction, or
 - (b) The common-law laws of that jurisdiction, or
 - (c) Established or customary 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 any crime of the nature stated in items 1, through 3, above.

- | | |
|---|--|
| 1. Full name and prior names used. | 4. Date and location of birth. |
| 2. Full birth name. | 5. Social Security Number |
| 3. Present home address. | 6. Signature and description of each corporation or judicial action; |
| 4. Prior addresses for immediate preceding 7 year period. | 7. State and territory, federal and public agency involved, and the file or case number of the case. |

11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHAPTER REORGANIZATION (A.R.S. §10-1102.01, 10-1102.02, 10-1102.03 & 10-1102.04)

A) Has the corporation had 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 exercised any title of the kind and substance common to such or any of any other corporations, beneficial or non-beneficial interest in any other corporation which has been employed in bankruptcy, receivership or had in either receiver, or administrator or judicially directed by any state or jurisdiction?

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 name and address of each corporation and the name or names of the trustee, receiver, liquidator, or other person in charge of the corporation.
- 2. The date in which such corporation was so appointed or rejected trustee.
- 3. The date of corporate expiration.
- 4. If any involved person (list in A) has been involved in any other bankruptcy proceeding within the past year, the name and address of that corporation.
- 5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
- 6. Name and address of court appointed trustee.

12. SIGNATURES: Signed, The officer and director and either at least one (1) independent officer or they will be retained.

I declare, under penalty of law that all corporate income tax returns required by Title 49 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 exhibits, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name: JAMES L. LATHAM Title: President Name: JOHN LOUIS WILLIS Title: Secretary

Signature: [Signature] Title: President

Title: Secretary Title: President

(Signatures must be duly certified corporate officers listed in section 7 of this report.)