



STATE OF ARIZONA  
CORPORATION COMMISSION



NONPROFIT CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE  
FOREIGN / DOMESTIC

FOR FISCAL YEAR ENDING 12/31/1995

DUE ON OR BEFORE 04/15/1996

The following information is required by A.R.S. §10-1081 for all domestic and foreign nonprofit corporations authorized to conduct affairs in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-1092. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0068400-8  
Corporation Name: MIAMI CHURCH OF CHRIST, INC.  
Address: 805 SULLIVAN ST  
PO BOX 1316

City, State, Zip: CLAYPOOL AZ 85532-  
Domicile: ARIZONA  
Type: NON-PROFIT

Arizona Statutory Agent: MERWIN LEROY KNOWLTON  
Street Address: 119 LANCASTER ST  
(NOT P.O. BOX) PO BOX 454  
CENTRAL HEIGHTS  
City, State, Zip: CLAYPOOL AZ 85532-

1. Check the one category below which best describes the CHARACTER OF AFFAIRS conducted by your corporation in Arizona.

- |  |   |   |
|--|---|---|
| 1. <input type="checkbox"/> Charitable           | 8. <input type="checkbox"/> Social                | 15. <input type="checkbox"/> Agricultural   |
| 2. <input type="checkbox"/> Benevolent           | 9. <input type="checkbox"/> Fraternal             | 16. <input type="checkbox"/> Horticultural  |
| 3. <input type="checkbox"/> Educational          | 10. <input type="checkbox"/> Literary             | 17. <input type="checkbox"/> Animal Husbandry   |
| 4. <input type="checkbox"/> Civic                | 11. <input type="checkbox"/> Cultural             | 18. <input type="checkbox"/> Homeowners' Association                                    |
| 5. <input type="checkbox"/> Patriotic            | 12. <input type="checkbox"/> Athletic             | 19. <input type="checkbox"/> Professional, commercial, industrial, or trade association |
| 6. <input type="checkbox"/> Political            | 13. <input type="checkbox"/> Science/Research     | 20. <input type="checkbox"/> Other  |
| 7. <input checked="" type="checkbox"/> Religious | 14. <input type="checkbox"/> Hospital/Health Care |   |

ACC USE ONLY	
Fee	\$ _____
Penalty	\$ _____
Total	\$ _____

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less ☒ 26 - 100 \_\_\_\_\_ 101 - 500 \_\_\_\_\_ Over 500 \_\_\_\_\_

3. -- If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below --  
-- and PRESIDENT or VICE PRESIDENT must sign page 4 of this report. --

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Merwin L Knowlton  
Statutory Agent Name

119 Lancaster St  
Address PO Box 454

Merwin L. Knowlton  
Signature

Central Heights  
City, State, Zip Claypool AZ 85532

4. Foreign Corporations list Address in Domicile Jurisdiction:

Street/P. O. Box

City, State, (Country) Zip

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

5. OFFICERS (If no changes since last report, check here \_\_\_ and go on to Section 6.)

**PRESIDENT:** MERWIN L KNOWLTON

**Address:** 119 LANCASTER ST

CLAYPOOL, AZ 85532-

**Date taking office:** 01-02-94

**SECRETARY:** JAMES H LUNDY JR

**Address:** 19 CHAPARAL LOOP

CLAYPOOL, AZ 85532-

**Date taking office:** 01-02-94

**VICE PRESIDENT:** ROBERT E HAYES

**Address:** LOT #3 MESQUITE

CLAYPOOL, AZ 85532-

**Date taking office:** 00-00-00

**TREASURER:** JOSEPH L BITTICK JR

**Address:** 823 1ST AVE COUNTRY CLUB

MIAMI, AZ 85539-

**Date taking office:** 01-02-94

6. DIRECTORS (If no changes since last report, check here \_\_\_ and go on to Section 7.)

**NAME:** MERWIN L KNOWLTON

**Address:** 119 LANCASTER ST

CLAYPOOL, AZ 85532-

**Date taking office:** 01-02-94

**NAME:** JAMES H LUNDY JR

**Address:** 17 CHAPARRAL LOOP

CLAYPOOL, AZ 85532-

**Date taking office:** 01-02-94

**NAME:** ROBERT E HAYES

**Address:** LOT #3 MESQUITE ROOSEVELT EST

CLAYPOOL, AZ 85532-

**Date taking office:** 01-02-94

**NAME:** OLAN CHANSLEY

**Address:** 936 CYPRESS

CLAYPOOL, AZ 85532-

**Date taking office:** 01-02-94

MIAMI CHURCH OF CHRIST INC.  
805 SULLIVAN ST. MIAMI ARIZONA, 85539  
CORPORATION FILE -0068400  
ANNUAL REPORT FOR 1996

5. OFFICERS:

PRESIDENT: RAY McCORMACK  
Address: 110 English Ave.  
Rt.1, Box 715  
Globe, Az. 85501

VICE PRESIDENT: TED GRAVES  
Address: 718 South Agave  
Globe, Az. 85501

SECRETARY: JAMES H. LUNDY Jr.  
Address: 17 Chaparral Loop

TREASURER: ROBERT E. HAYES  
Address: Lot #3 Mesquite Su..

Box 1316, Claypool, Az. 85532

Roosevelt Ests. Claypool, Az  
ZIP: 85532

DATE OF THE ABOVE TAKING OFFICE: JAN. 8, 1996

6. DIRECTORS:

NAME: RAYMOND ALT  
Address: 718 South Agave  
Globe, Az. 85501

NAME: BOB HAYES  
Address: Lot #3 Mesquite SubDiv.  
Roosevelt Ests. Box 376  
Claypool, Az., 85532

NAME: OLAN CHANSLEY  
Address: 936 Cypress Ave.  
Country Club Manor  
P.O. Box 748  
Claypool, Az. 85532

NAME: MERWIN KNOWLTON  
Address: 119 Lancaster Street  
P.O. Box 454  
Claypool Az., 85532

NAME: JIM EVERETT  
Address: 405 Central Ave.  
Central Heights  
P.O. Box 849, Claypool  
Ariz. ZIP 85532

NAME: JAMES H. LUNDY Jr.  
Address: # 17 Chaparral Loop  
P.O. Box 1316  
Claypool, Az. 85532

NAME TIM EVERETT  
Address: #14 Pueblo Heights MHP  
P>O> Box 1943, Claypool  
Ariz., 85532

NAME: KENNEY MACAULEY  
Address: August Hills MHP  
P>O> Box 146  
Globe, Az. 85502

BOARD OF DIRECTORS CONTINUED

NAME: CARL McCORMACK  
Address: 339 Euclid Ave.

Globe, Az. 85501

NAME: RAY McCORMACK  
Address: 110 English Ave.  
Central Heights  
Rt. 1, Box 715  
Globe, Az. 85501

NAME: GARY SULLIVAN  
Address: 1604 Adriatic Ave.  
Country Club Annex  
Miami, Az. 85539

NAME: BILL WEST  
Address: 848 w. Spray St.

Superior, Az. 85573

NAME: J.T. WINTERS  
Address: 5890 S. New St.  
Lower Miami  
P.O. Box 597  
Claypool, Az 85532

Date of all of the Directors taking  
Office: January 8, 1996

Submitted by Sec. James Lundy

*James H. Lundy Jr.*

# Church Budget

PROPOSED 1996

INCOME	ANNUAL	MONTHLY	%
Contributions	\$32,075	\$2,916	100%

<i>TOTAL INCOME</i>	<b>\$32,075</b>	<b>\$2,916</b>	<b>100%</b>
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EXPENSES	ANNUAL	MONTHLY	%
Minister—Ken	\$15,600	\$1,418	49%
Minister	2,700	\$245	8%
Janitor	1,200	\$109	4%
Evangelist	600	\$55	2%
Benevolence—Local	2,000	\$182	6%
Benevolence—National	3,000	\$273	9%
Benevolence—Foriegn	200	\$18	1%
Insurance—Bldg.	1,200	\$109	4%
Building Maint.	1,500	\$136	5%
Electric	550	\$50	2%
Water	350	\$32	1%
Gas	650	\$59	2%
Telephone	290	\$26	1%
AZ Corprate Comm	10	\$1	0%
Gila County Rec.	0	\$0	0%
County Assesor	0	\$0	0%
Miami City Fees	230	\$21	1%
Newspaper Ad	180	\$16	1%
Office Matl.	200	\$18	1%
Worship Matl.	400	\$36	1%
Class Matl.	1,215	\$110	4%

<i>TOTAL EXPENSES</i>	<b>\$32,075</b>	<b>\$2,914</b>	<b>100%</b>
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<b>SURPLUS OR SHORTFALL</b>	<b>\$0</b>	<b>\$2</b>
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8.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-1084)

Has any person serving either by election or appointment as officers, directors, trustees, or incorporators:

- 1. Been 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. Been 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. Been 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:
  - (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
  - (b) involved the violation of the consumer fraud laws of that jurisdiction, or
  - (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES \_\_\_\_\_ NO X

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). |   |

8.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-1083)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes \_\_\_\_\_ Chapter \_\_\_\_\_ Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_ No \_\_\_\_\_

9. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

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.

By [Signature] Date 3/3/96 By Robert E. Hayer Date 3/3/96  
Title President Title Treasurer