



STATE OF ARIZONA  
CORPORATION COMMISSION



NONPROFIT CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE  
FOREIGN / DOMESTIC

FOR FISCAL YEAR ENDING 12/31/1996

DUE ON OR BEFORE 04/15/1997

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: -0251607-0  
Corporation Name: JAMES WILLARD SCHULTZ - LONE WOLF MUSEUM, INC.  
Address: % SAM P APPLEWHITE III  
101 N 1ST AVE #2700

City, State, Zip: PHOENIX AZ 85003-  
Domicile: ARIZONA  
Type: NON-PROFIT

RECEIVED

MAR 25 1997

Arizona Statutory Agent: SAM P APPLEWHITE III  
Street Address: 101 N 1ST AVE #2700  
(NOT P.O. BOX)

DOCUMENTS ARE SUBJECT  
TO REVIEW BEFORE FILING

City, State, Zip: PHOENIX AZ 85003-

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

- |   |   |   |
|---|---|---|
| 1. <input checked="" 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"/> Professional         | 18. <input type="checkbox"/> Professional, commercial, industrial, or trade association |
| 5. <input type="checkbox"/> Patriotic             | 12. <input type="checkbox"/> Athletic             | 19. <input type="checkbox"/> Other  |
| 6. <input type="checkbox"/> Political             | 13. <input type="checkbox"/> Science/Research     |   |
| 7. <input type="checkbox"/> Religious             | 14. <input type="checkbox"/> Hospital/Health Care | 20. <input type="checkbox"/> Other  |

ACC USE ONLY	
Fee	\$
Penalty	\$
Total	\$ 10.00

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.

Statutory Agent Name

Address

Signature

City, State, Zip

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.)

<b>PRESIDENT:</b> <u>SAM APPLEWHITE</u>	<b>VICE PRESIDENT:</b> <u>DAN FINCH</u>
<b>Address:</b> <u>5942 E SAGE DR</u>	<b>Address:</b> <u>9797 E CORTEZ</u>
<u>SCOTTSDALE, AZ 85253-</u>	<u>SCOTTSDALE, AZ 85260-</u>
<b>Date taking office:</b> <u>09-04-93</u>	<b>Date taking office:</b> <u>09-04-93</u>
<b>SECRETARY:</b> <u>CHARLES LOWE</u>	<b>TREASURER:</b> <u>CHARLES LOWE</u>
<b>Address:</b> <u>1523 W LAMAR RD</u>	<b>Address:</b> <u>1523 W LAMAR RD</u>
<u>PHOENIX, AZ 85015-</u>	<u>PHOENIX, AZ 85015-</u>
<b>Date taking office:</b> <u>09-04-93</u>	<b>Date taking office:</b> <u>09-04-93</u>

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

<b>NAME:</b> <u>SAM APPLEWHITE</u>	<b>NAME:</b> <u>DAN FINCH</u>
<b>Address:</b> <u>5942 E SAGE DR</u>	<b>Address:</b> <u>9797 E CORTEZ</u>
<u>SCOTTSDALE, AZ 85253-</u>	<u>SCOTTSDALE, AZ 85260-</u>
<b>Date taking office:</b> <u>09-04-93</u>	<b>Date taking office:</b> <u>09-04-93</u>
<b>NAME:</b> <u>BETTY DONATO</u>	<b>NAME:</b> <u>CHARLES LOWE</u>
<b>Address:</b> <u>PO BOX 2</u>	<b>Address:</b> <u>1523 W LAMAR RD</u>
<u>GREER, AZ 85927-</u>	<u>PHOENIX, AZ 85015-</u>
<b>Date taking office:</b> <u>09-04-93</u>	<b>Date taking office:</b> <u>09-04-93</u>

*See Attached*

**BUTTERFLY LODGE MUSEUM  
JAMES WILLARD SCHULTZ - LONE WOLF MUSEUM, INC.**

**OFFICERS AND DIRECTORS  
ELECTED AUGUST 31, 1996**

<b>Sam Applewhite</b> 5942 East Sage Drive Scottsdale, Arizona 85253	President and Director
<b>Betty Donato</b> P.O. Box 2 Greer, Arizona 85927	Vice President and Director
<b>Dan Finch</b> 9797 East Cortez Street Scottsdale, Arizona 85260	Vice President and Director
<b>Charles Lowe</b> 1523 West LaMar Road Phoenix, Arizona 85015	Secretary/Treasurer and Director
<b>Sue Jacobs</b> P. O. Box 134 Greer, Arizona 85927	Assistant Secretary/Treasurer and Director
<b>Karen Applewhite</b> 5942 East Sage Drive Scottsdale, Arizona 85253	Director
<b>Brown DuBose</b> 2123 East Bethany Home Road Phoenix, Arizona 85016	Director
<b>Marion Emerson</b> 4011 East San Juan Avenue Phoenix, Arizona 85019	Director
<b>Marjorie Glantz</b> P. O. Box 147 Greer, Arizona 85927	Director
<b>La Veda Kelepolo</b> P. O. Box 22 Greer, Arizona 85927	Director
<b>Janet Lowe</b> 1513 West Berridge Lane Phoenix, Arizona 85015	Director
<b>John Nielsen</b> 3541 West Citrus Way Phoenix, Arizona 85019	Director
<b>Cathy Stewart</b> P. O. Box 311 Greer, Arizona 85927	Director

Jonis Willard Schultz - Lone Wolf Museum Inc

(Non-Profit Corporation Name)

- 0251607-0

(File Number)

7. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. §10-1081.A.6.)

You must submit a statement of the corporation's financial condition. Any reasonable schedule will be accepted provided it reflects the intent of the law, as determined by the Commission. Several suggestions for information you may submit to satisfy this requirement include the following:

- Attach a copy of Page 2, Form 99 filed with the Arizona Department of Revenue; OR
- a copy of the corporation's Charitable Organization Financial Statement as filed with the Arizona Secretary of State pursuant to A.R.S. §44-6552; OR
- a copy of your treasurer's report (or financial statement) prepared for this fiscal year; OR
- a copy of the financial statement you prepare for the benefit of your members; OR
- You may simply use the Balance Sheet below.

**BALANCE SHEET**

**ASSETS**

Current Assets:

Cash

\$ 2,413.64

Trade notes and accounts receivable  
(less allowance for bad debts)

\_\_\_\_\_

Inventories

*not accounted for or valued (1)*

\_\_\_\_\_

Other current assets

\_\_\_\_\_

Total Current Assets

\$ \_\_\_\_\_

Land, buildings and other fixed assets  
(net of accumulated depreciation)

*no cost or approx 21521*

\_\_\_\_\_

Other assets

*as land, building or fixed*

\_\_\_\_\_

Total Assets *255045 (1)*

\$ 2,413.64 (1)

**LIABILITIES**

Current Liabilities:

Accounts Payable

\$ \_\_\_\_\_

Mortgages, notes, bonds (payable in less than 1 year)

\_\_\_\_\_

Other current liabilities

\_\_\_\_\_

Total Current Liabilities

\_\_\_\_\_

Mortgages, notes, bonds (payable in more than 1 year)

*None*

\_\_\_\_\_

Fund Balances:

Restricted

Unrestricted

2,413.64

Total Fund Balances

\_\_\_\_\_

Total Liabilities and Fund Balances

\$ 2,413.64

**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 X

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 John P. Oppenheimer, III Date 3/23/97 By \_\_\_\_\_ Date \_\_\_\_\_  
Title President Title \_\_\_\_\_