



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



DUE ON OR BEFORE 10/06/1998

FILING FEE \$10.00

The following information is required by A.R.S. §10-1622 & §10-2501 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §10-121.A. & §10-2545.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 for proper format. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

1. SUN CITY WEST POST NO. 94 OF THE AMERICAN LEGION, DEPARTMENT  
PO BOX 5447  
SUN CITY WEST, AZ 85375

RECEIVED

SEP 16 1998

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Corporation File Number:

-0197068-0

Business Phone:

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: WILLIAM A HANIFAN  
Street Address: 18447 OPAL DR  
(NOT P.O. BOX)  
City, State, Zip: SUN CITY WEST AZ 85375-

ACC USE ONLY

Fee \$ 10

Penalty \$

Reinstate \$

Expedite \$

Total \$

FY98-99

PAID

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

Signature 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

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Accounting          | <input type="checkbox"/> 20. Manufacturing                   |
| <input type="checkbox"/> 2. Advertising         | <input type="checkbox"/> 21. Mining                          |
| <input type="checkbox"/> 3. Aerospace           | <input type="checkbox"/> 22. News Media                      |
| <input type="checkbox"/> 4. Agriculture         | <input type="checkbox"/> 23. Pharmaceutical                  |
| <input type="checkbox"/> 5. Architecture        | <input type="checkbox"/> 24. Publishing/Printing             |
| <input type="checkbox"/> 6. Banking/Finance     | <input type="checkbox"/> 25. Ranching/Livestock              |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate                     |
| <input type="checkbox"/> 8. Construction        | <input type="checkbox"/> 27. Restaurant/Bar                  |
| <input type="checkbox"/> 9. Contractor          | <input type="checkbox"/> 28. Retail Sales                    |
| <input type="checkbox"/> 10. Credit/Collection  | <input type="checkbox"/> 29. Science/Research                |
| <input type="checkbox"/> 11. Education          | <input type="checkbox"/> 30. Sports/Sporting Events          |
| <input type="checkbox"/> 12. Engineering        | <input type="checkbox"/> 31. Technology(Computers)           |
| <input type="checkbox"/> 13. Entertainment      | <input type="checkbox"/> 32. Technology(General)             |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio                |
| <input type="checkbox"/> 15. Health Care        | <input type="checkbox"/> 34. Tourism/Convention Services     |
| <input type="checkbox"/> 16. Hotel/Motel        | <input type="checkbox"/> 35. Transportation                  |
| <input type="checkbox"/> 17. Import/Export      | <input type="checkbox"/> 36. Utilities                       |
| <input type="checkbox"/> 18. Insurance          | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services     | <input type="checkbox"/> 38. Other                           |

NON-PROFIT CORPORATIONS

- |  |
|--|
| <input type="checkbox"/> 1. Charitable                       |
| <input type="checkbox"/> 2. Benevolent                       |
| <input type="checkbox"/> 3. Educational                      |
| <input type="checkbox"/> 4. Civic                            |
| <input type="checkbox"/> 5. Political                        |
| <input type="checkbox"/> 6. Religious                        |
| <input type="checkbox"/> 7. Social                           |
| <input type="checkbox"/> 8. Literary                         |
| <input type="checkbox"/> 9. Cultural                         |
| <input type="checkbox"/> 10. Athletic                        |
| <input type="checkbox"/> 11. Science/Research                |
| <input type="checkbox"/> 12. Hospital/Health Care            |
| <input type="checkbox"/> 13. Agricultural                    |
| <input type="checkbox"/> 14. Animal Husbandry                |
| <input type="checkbox"/> 15. Homeowner's Association         |
| <input type="checkbox"/> 16. Professional, commercial        |
| <input type="checkbox"/> 17. Industrial or trade association |
| <input type="checkbox"/> 17. Other <u>PATRIOTIC</u>          |

**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.

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

NA

NA

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

**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.

Name: NA Name:

NONE ☐

Name: NA Name:

**7. OFFICERS** (Attach additional sheets if necessary.)

Name: Michael E. Mahoney Name: Ron Carrow

Title: Post Commander Title: Jr. Vice Commander

Address: 15010-W. Huron Dr. Address: 14628 W. Sentinel Dr.

Sun City West, Az. 85375 Sun City West, Az. 85375

Date taking office: July 1, 1998 Date taking office: July 1, 1998

Name: Don Morrison Name: Harold Stern

Title: Sr. Vice Commander Title: Adjutant

Address: 14915 Buttonwood Dr. Address: 21015 Eden Court

Sun City West, Az. 85375 Sun City West, Az. 85375

Date taking office: July 1, 1998 Date taking office: July 1, 1998

**8. DIRECTORS** Must List a Minimum of 3 Directors.

Name: Richard E. Kiernan Jr. Name: Richard Costes

Address: 18220-136th. Ave. Address: 13443 Shadow Hills Dr.

Sun City West, Az. 85375 Sun City West, Az. 85375

Date taking office: July 1, 1998 Date taking office: July 1, 1998

Name: JOHN Wilson Name:

Address: 13725 Gable Hills Dr. Address:

Sun City West, Az. 85375

Date taking office: July 1, 1998 Date taking office:

BEG. 7-1-97 END. 6-30-98

[illegible]

**9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-2501.A.6)**

Only nonprofit corporations must **attach** a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

**10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-2505.A)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and 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:

1. 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. 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 fraud laws of that jurisdiction, or
- (c) the antitrust 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 (A.R.S. §10-202.D.2)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation?

One box **must** be marked:

YES ☐

NO ☒

If YES, enter the following:

Chapter \_\_\_\_\_ Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_

If "YES", 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. 2) The state in which each corporation was a) incorporated b) transacted business. 3) The dates of corporate operation.

**12. SIGNATURES**

**CAUTION:** Signature requirements vary according to the type of corporation. See the instruction sheet for specific rules. Annual Reports submitted with incorrect signatures 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 certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Mike Mahoney Date 9-3-98 Name Harold Stern Date 9-3-98

Signature Michael E. Mahoney Signature Harold Stern

Title Post Commander Title Adjutant

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