



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



DUE ON OR BEFORE 04/11/1999

FILING FEE \$10.00

The following information is required by A.R.S. §10-1622 & §10-11622 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. & §10-3121.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.

RECEIVED

APR 12 1999

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

1. ST. MICHAELS MISSION
PO BOX 680
ST MICHAELS, AZ 86511

Corporation File Number:

-0066018-9

Business Phone: _____
State of Domicile: ARIZONA

(Business phone is optional)
Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: C BENSON HURFFORD
Street Address: 322 N LROUX
(NOT P.O. BOX)
City, State, Zip: FLAGSTAFF AZ 86001

Use this box only if appointing a new Statutory Agent

ACC USE ONLY	
Fee	\$ 10
Penalty	\$
Reinstate	\$
Expedite	\$
Total	\$
FY98-99	

PAID

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 checked="" 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
industrial or trade association |
| <input type="checkbox"/> 17. 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.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
Not applicable		

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: _____ Name: _____

NONE ☐

Name: _____ Name: _____

7. OFFICERS (If no changes since last report, check here ☐ and go on to Section 8.)

Name: ~~XXXXXXXXXX~~ Meldon Hickey

Title: PRESIDENT/CEO

Address: P O BOX 680

SAINT MICHAELS, AZ 86511-

Date taking office: ~~04-04-95~~ 3/17/99

Name: FLANN ONEIL

Title: SECRETARY

Address: P O BOX 119

GANADO, AZ 86505-

Date taking office: 05-25-94

Name: _____

Title: _____

Address: _____

Date taking office: _____

Name: JOHN FRIEBEL

Title: TREASURER

Address: P O BOX 680

SAINT MICHAELS, AZ 86511-

Date taking office: 02-07-97

8. DIRECTORS (If no changes since last report, check here ☐ and go on to Section 9.)

Name: JOHN FRIEBEL

Address: P O BOX 680

SAINT MICHAELS, AZ 86511-

Date taking office: 02-07-97

Name: ~~XXXXXXXXXX~~ Meldon Hickey

Address: P O BOX 680

SAINT MICHAELS, AZ 86511-

Date taking office: ~~04-04-95~~ 3/17/99

Name: FLANN ONEIL

Address: P O BOX 119

GANADO, AZ 86505-

Date taking office: 05-25-94

Name: _____

Address: _____

Date taking office: _____

Office of the Treasurer
Phone: (505) 877 6384
Fax: (505) 873 6584

Province of Our Lady Of Guadalupe
Franciscan Friars P.O. Box 12315 Albuquerque, NM 87195

April 7, 1999

Present at a meeting at San Antonio Friary, Albuquerque, New Mexico on March 17, 1999, were the following voting members of the St. Michaels Mission Corporation: Fr. Gilbert Schneider, OFM, Fr. Salvador Aragon, OFM, Fr. Sean Murnan, OFM, Fr. Wayne Gibbeaut, OFM, Fr. Sean Murnan, OFM, Fr. Jack Clark Robinson, OFM, and Br. Gerald Grantner, OFM.

The voting members of St. Michael's Mission, a non-profit corporation, met on March 17, 1999 at San Antonio Friary, Albuquerque, New Mexico and took the following action:

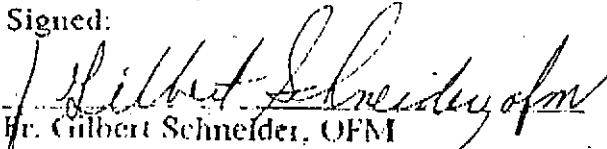
The following changes were made to the Board of Directors of said corporation:

Fr. Simon Conrad, OFM, President, was removed from office due to his death June 17, 1998.

Fr. Meldon Hickey, OFM, was unanimously elected President of said corporation on March 17, 1999.

Date: April 7, 1999

Signed:


Fr. Gilbert Schneider, OFM

I certify that this copy is an exact replica of the original memorandum signed April 7, 1999 by Father Gilbert Schneider, OFM, Provincial Minister and a voting member of St. Michaels Mission Corporation.

Signed this 8th day of April, 1999 at
Tse Bonito, New Mexico.


Notary Public McKinley County New Mexico
My commission expires 6/11/2001

ST.MICHAELS MISSION
Corporation Financial Statement

ASSETS

Current Assets:

Checking: \$25,066.19

Savings: 28,876.57

Cash: 500.00

Total Current Assets: \$54,442.76

Land, buildings &
other fixed assets: 2 500 000.00

Total Assets: \$2,554,442.76

LIABILITIES

Current Liabilities: 0.00

Total Liabilities: \$0.00

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)

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.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only.

This corporation **does** ☒ **does not** ☐ have members.

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: Annual Reports must be signed by a duly authorized officer. 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 John Friebe, OFM Date 4/8/99 Name Meldon Hickey, OFM Date 4/8/99

Signature John Friebe Signature Meldon Hickey

Title Treasurer Title President & CEO

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