



COPY

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

AZ Corp. Commission



00864612



DUE ON OR BEFORE 10/27/2002

FY02-03

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 on page 4 for proper format.

EXPEDITED

JAN 28 2004

1. **F-0821930-7**
NATIVE AMERICAN CHURCH OF NAVAJOLAND, INC.
P.O. Box 1570
Chinle, Arizona 86503

DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING.

* **REVOKED-FILE ANNUAL REPORT 04/28/2002; CONTACT THE COMMISSION AT 602-542-3285!**

Business Phone: _____ (Business phone is optional.)

State of Domicile: NEW MEXICO Type of Corporation: NON-PROFIT

* **STATUTORY AGENT MUST HAVE A PHYSICAL ADDRESS.**

2. **Statutory Agent:** David Clark **Physical Address, if Different.**
Mailing Address: P.O. Box 1320 **Physical Address:** 4 miles North Hiway 191
City, State, Zip: WINSLOW, AZ 86047 **City, State, Zip:** Chinle, Arizona

ACC USE ONLY

Fee \$ 10
Penalty \$ _____
Reinstate \$ _____
Expedite \$ 35 *after 10/27/02*
Resubmit \$ _____

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.

David Clark

Signature of new Statutory Agent

David Clark

Printed Name of new Statutory Agent

3. **Secondary Address:**

(Foreign Corporations are
REQUIRED to complete
this section).

Robert Ortiz
276 Crestview
Gallup, New Mexico 87305

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 Organization |
| <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. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**.

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

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 PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: David Clark

Name: Herman Johnson

Title: President

Title: Vice President

Address: P.O. Box 1320, Winslow, AZ 86047
Winslow, Arizona 86047

Address: P.O. Box 2212, Shiprock New Mexico
Shiprock, New Mexico 87420

Date taking office: July 01, 2000

Date taking office: July 01, 2000

Name: Nathan Begay

Name: Maqqie B. James

Title: Treasurer

Title: Secretary

Address: P.O. Box 572
Ganado, Arizona 86505

Address: P.O. Box 1002
Pinon, Arizona 86510

Date taking office: July 01, 2000

Date taking office: July 01, 2000

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: Willie Barboan

Name: Frank Smith

Address: P.O. Box 1838
Cuba, New Mexico 87013

Address: P.O. Box 1608
Chinle, Arizona 86503

Date taking office: July 01, 2000

Date taking office: July 01, 2000

Name: Larry Archie

Name: Boyd Reese

Address: P.O. Box 642
Keams Canyon, Arizona 86034

Address: P.O. Box 885
Kayenta, Arizona 86033

Date taking office: July 01, 2000

Date taking office: July 01, 2000

NATIVE AMERICAN CHURCH OF NAVAJOLAND, INC.
CHAPTER RECERTIFICATION

CHINLE AGENCY

N3501 - Chinle	N3509 - Low Mountain
N3502 - Nazlini	N3510 - Whippoorwill
N3503 - Tselani / Cottonwood	N3511 - Burnt Corn
N3504 - Rough Rock	N3512 - Pinon
N3505 - Many Farms	N3513 - Hardrock
N3506 - Round Rock	N3514 - Forest Lake
N3507 - Lukachukai	N3515 - Blue Gap / Tachee
N3508 - Tsaile / Wheafields	

EASTERN NAVAJO AGENCY

N3401 - Baca / Prewitt	N3413 - Ramah
N3402 - Red Rock / Chilchiltah/Bread Springs	N3414 - Iyanbito
N3403 - Thoreau	N3415 - Standing Rock
N3404 - Crownpoint / Becenti	N3416 - Nahodishgish
N3405 - Littlewater	N3417 - Pueblo Pintada
N3406 - Lake Valley / Whiterock	N3418 - Ojo Encino
N3407 - Church Rock	N3419 - Haystack
N3408 - Rock Springs	N3420 - Casamero Lake
N3409 - Torreon	N3421 - Smith Lake
N3410 - Tsayatoh	N3422 - Manuelito
N3411 - Whitehorse Lake	N3423 - Mariano Lake
N3412 - Pinedale	N3424 - Alamo

FT. DEFIANCE AGENCY

N3601 - Crystal	N3615 - Teesto
N3602 - Dilcon	N3616 - Tohatchi
N3603 - Ft. Defiance	N3617 - Wide Ruins
N3604 - Ganado	N3618 - Kinlichee
N3605 - Lower Greasewood	N3619 - Holbrook
N3606 - Houck	N3620 - Twin Lake
N3607 - Jeddito	N3621 - Mexican Springs
N3608 - Lupton	N3622 - Coyote Canyon
N3609 - Naschitti	N3623 - Indian Wells
N3610 - Oaksprings / Pine Springs	N3624 - Cornfields
N3611 -	N3625 - Whitecone
N3612 - Sawmill	N3626 - Nahata Dzil
N3613 - St. Michaels	N3627 - Beshbeto
N3614 - Steamboat	

Continue – Chapter Recertification

SHIPROCK AGENCY

N3201 – Aneth Chapter
N3202 – Newcomb
N3203 – Red Mesa
N3204 – Red Valley / Cove
N3205 – Rock Point
N3206 – Mexican Water
N3207 – Sweetwater
N3208 – Northern Navajo

N3209 – Teec Nos Pos
N3210 – Burnham
N3211 – Sheepsprings
N3212 – Two Grey Hills
N3213 – Toadlena
N3214 – Sanostee
N3215- Shiprock

WESTERN NAVAJO AGENCY

N3301- Bodaway
N3302 – Birdsprings
N3303 – Chilchinbeto
N3304 – Coppermine
N3305 – Dennehotso
N3306 – Leupp
N3307 – Kayenta
N3308 – LeChee
N3309 – Oljato
N3310 – Red Lake / Tonalea

N3311 – Tolani Lake
N3312 – Tuba City
N3313 – Shonto/Inscription House
N3314 – Coalmine Mesa
N3315 – Cameron
N3316 – Navajo Mountain
N3317 - Kaibeto

I HEREBY CERTIFY that the foregoing listings of community-base organizations are the recognized local chapters of Native American Church of Navajoland, Inc. and authority is hereby granted to operate religious business on and near the Navajo reservation and in the states of Arizona, New Mexico, Utah, and Texas where the Native American Church of Navajoland, Inc., is incorporated, on this 30th of June, 2003.


David S. Clark, President
Native American Church of Navajoland,

NATIVE AMERICAN CHURCH OF NAVAJOLAND, INC.
P.O. Box 1570
Chinle, Arizona 86503

EXECUTIVE OFFICERS

PRESIDENT	David Clark	P.O. Box 1320 Winslow, AZ 86047
VICE PRESIDENT	Herman Johnson	P.O. Box 2212 Shiprock, NM 87420
SECRETARY	Maggie B. James	P.O. Box 1002 Pinon, AZ 86510
TREASURER	Nathan Begay	P.O. Box 572 Ganado, AZ 86505

BOARD OF DIRECTORS

CHINLE AGENCY		
DISTRICT 4	Teddy Yazzie	P.O. Box 4333 Blue Gap, AZ 86520
DISTRICT 10	Frank Smith	P.O. Box 1608 Chinle, AZ 86503
DISTRICT 11	Billy Jordan	P.O. Box 1314 Lukachukai, AZ 86507
EASTERN AGENCY		
DISTRICT 15	Austin Desidero	P.O. Box 1640 Crownpoint, NM 87313
DISTRICT 16	Ralph Delgarito	P.O. Box 753 Thoreau, NM 87323
DISTRICT 19	Willie Barboan	P.O. Box 1838 Cuba, NM 87013
DISTRICT 23	Nellie Mike	P.O. Box 4112 Yatahey, NM 87375

FT. DEFIANCE AGENCY

DISTRICT 7	Larry Archie	P.O. Box 642 Keams Canyon, AZ 86034
DISTRICT 14	sadore S. Nakai	P.O. Box 1542 Tohatchi, NM 87325
DISTRICT 17	Lafel Vann.	P.O. 750 Ganado, AZ 86505
DISTRICT 18	Katherine Keeto	P.O. Box 386 St. Michaels, AZ 86511

SHIPROCK AGENCY

DISTRICT 9	David J. Blackhorse, Sr.	P.O. Box 98 Bluff, Utah 84512
DISTRICT 9	Peter Thomas	P.O. Box 185 Crownpoint, NM 87313
DISTRICT 12	Perry J. Begay, Sr.	P.O. Box 321 Shiprock, NM 87420
DISTRICT 12	Jack Lee Frazier, Jr.	P.O. Box 1697 Shiprock, NM 87420
DISTRICT 12	Wilson Price, Sr.	P.O. Box 1758 Sheepsprings, NM 87364
DISTRICT 13	Vearl Nells	P.O. Box 1552 Shiprock, NM 87420

WESTERN AGENCY

DISTRICT 1	Joe Lee Mexican	P.O. Box 1012 Tonalea, AZ 86044
DISTRICT 2/8	Boyd Reese	P.O. Box 885 Kayenta, AZ 86033
DISTRICT 3	Billy Arizona, Jr.	P.O. Box 2530 Tuba City, AZ 86045
DISTRICT 5	Thomas Nez	CH61 Box 3020 Winslow, AZ 86047

ADMINISTRATIVE STAFF

Chinle Agency	Peggy F. Scott	P.O. Box 936 Chinle, AZ. 86503
Eastern Agency	Leo Martin	P.O. Box 284 Crownpoint, NM 87313
Ft. Defiance Agency	Harold Morgan	P.O. Box 517 Window Rock, AZ 86515
Shiprock Agency	Harrison Dick	P.O. Box 2660 Shiprock, NM 87420
Western Agency	Floyd Stevens	P.O. Box 2543 Tuba City, AZ 86045
Statutory Agent (NM)	Robert Ortiz	P.O. Box 2655 Gallup, NM 87305
Statutory Agent (UT)	Sam Dee	P.O. Box 305 Montezuma Creek, Ut 84534

2003 ANNUAL REPORT

Character of Business

1. To conduct the Native American Church of Navajoland prayer services on and off the Navajo Indian reservation with all the rights and privileges of utilizing peyote as a sacrament and eagle feathers as well as other instruments essential for Indian traditional religious ceremony.
2. To preserve, protect and control the sacrament peyote for bona fide religious purpose by maintaining and enforcing Internal Control including the following requirements for all certified members:
 - A. Certifying registered members and issuing Membership Cards.
 - B. Certifying peyote healing practitioners and issuing Certificate of recognition.
 - C. Issuing authorization permits to certified members for obtaining and transporting peyote from the State of Texas.
 - D. Certifying local NAC Chapters as listed on Attachment #2 and issuing certificate of recognition.
 - E. Providing counseling and educational services on the alcohol and substance abuse with emphasis that peyote substance to be utilized for bona fide religious ceremonies only.
3. To conduct fund-raising drives on and off the Navajo Reservation to fund facilities including office building, conference hall, tepee ground and ceremonial Hogan at the Spiritual site in Chinle, AZ.



David S. Clark, President
Native American Church of Navajoland

Native American Church of Navajoland, Inc.
Balance Sheet
Ending June 30, 2002

ASSETS:

Cash: Checking Account	\$32,101.53	
Saving Account	<u>\$ 1,409.68</u>	
		\$33,511.21

Accounts Receivable:	-0-
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Fixed Assets:	Depreciation	Net Value	
Building (Hogan)	\$25,000.00	\$6,250.00	\$18,750.00
New Building	\$14,423.44		\$14,423.44
Equipment	<u>\$ 520.00</u>		<u>\$ 520.00</u>
(PA System)	\$39,943.44	\$6,250.00	\$33,693.44
			<u>\$33,693.44</u>
TOTAL ASSETS:			<u>\$67,204.65</u>

Liabilities:

Accounts Payable	\$12,000.00	
Travel/Lodging	\$ 1,816.05	
Materials and Supplies	\$ 1,049.34	
Equipment	\$ 605.76	
Repairs & Maintenance	\$ 835.00	
Dues	\$ 110.00	
Postages	\$ 125.00	
Advertising	\$ 855.05	
Printing	\$ 6,204.53	
Contractual Services	\$ 4,543.84	
Bank Fees	\$ 124.00	
36 th Annual Convention	\$ 6,763.68	
Gift of Love	\$ 1,252.00	
Capital Expenditures	\$ 14,423.44	
Contributions	<u>\$ 500.00</u>	
	\$51,039.88	
TOTAL:		<u>\$51,039.88</u>

NACNL EQUITY:	<u>\$16,164.77</u>
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TOTAL LIABILITIES:	<u>\$67,204.65</u>
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9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)

Nonprofit corporations **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

Attached

9A. MEMBERS (A.R.S. § 10-11622.A.6)

Only Nonprofit Corporations must answer this question.

This corporation **DOES ☒** **DOES NOT ☐** have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or 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: **[Underlined portion pertains to business corporations only]**

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, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.02, 10-1623 & 10-11623)

A) Has the corporation filed 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 controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

[Underlined portion pertains to business corporations only]

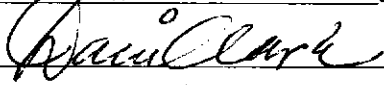
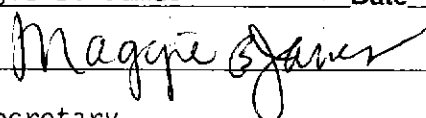
One box **must** be marked: YES ☐ NO ☒

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 names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they 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 <u>David Clark</u>	Date <u>1/6/04</u>	Name <u>Maggie B. James</u>	Date <u>1/6/04</u>
Signature <u></u>		Signature <u></u>	
Title <u>President</u>		Title <u>Secretary</u>	

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

This is the instruction sheet for the annual reporting process for all corporations doing business in Arizona. Every corporation must submit an annual report once a year. This annual report must be correctly filled out and submitted by the assigned due date or the corporation may be administratively dissolved or have its authority revoked by the State of Arizona. This is the only notice you will receive. According to A.R.S. §10-1622.F, penalties accrue on business corporation annual reports which are submitted late (after the due date). Corporations must use the annual report form prescribed by the Corporation Commission. **No other format is allowed.**

Please verify the business address and statutory agent and agent address information on page one. Strike out incorrect information. Correct information should be legibly written above or to the side of struck, incorrect information. Complete the remainder of the form - use the corporation's original articles of incorporation, amendment documents and corporate minutes as guides for the stock questions. **IMPORTANT:** The entirety of this document is public record, including addresses cited. ***Use black or blue ink.**

- ☐ **Section 1.** All corporations must state their name, address, zip code, domicile state, and type (e.g., nonprofit, business, sole, professional, business trust). Please list a business phone number.
- ☐ **Section 2.** All corporations must state the name and address of the current Statutory Agent for the corporation. Correct information about the Statutory Agent is vital to the legitimate authority and status of the corporation. The statutory agent must provide both a physical and mailing address. If statutory agent has a P.O. Box, then they must provide a physical description of their street address/location. New Statutory Agents must consent to their appointment by signing the appropriate line. A corporation must amend their records at the Commission anytime the Statutory Agent is changed or whenever the Agent's designated mailing address changes. Do not sign in the space provided, unless you are appointing a new agent.
- ☐ **Section 3.** Foreign (out-of-state/country) corporations must state their known place of business in this state and in the jurisdiction in which they are incorporated. List the primary address in Section 1, and the secondary address in Section 3.
- ☐ **Section 4.** All corporations must check the category that best describes the character of their corporation in the applicable business or nonprofit corporation area.
- ☐ **Section 5.** All business corporations must indicate the number of shares which they have authorized and issued, the class and series. All business trusts must indicate the number of transferable certificates held by trustees.
- ☐ **Section 6.** All business corporations must indicate the list of applicable shareholders.
- ☐ **Section 7.** Please list all principal officers. All corporations must have at least **one** duly authorized officer, with address.
- ☐ **Section 8.** Please list all directors. All corporations must have at least **one** director per A.R.S. §§10-803.A & 10-3803.A.
- ☐ **Section 9. All Nonprofit corporations** must file a financial disclosure statement. Nonprofit corporations meet their obligation by **attaching** one of the following documents: 1) Their most recent copy of Page 2, Form 99 filed with the Arizona Department of Revenue; OR 2) 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 3) A copy of the corporation's Treasurer's Report/Financial Statement prepared for the current fiscal year; OR 4) A copy of the financial statement prepared for the corporation's members; OR 5) A statement that the corporation conducted no business in Arizona in the past year. All other types of corporations are exempt from filing a financial disclosure. **All Nonprofit Corporations** must also indicate whether or not the corporation has members.
- ☐ **Section 10.** All corporations must check either YES or NO in the Certificate of Disclosure. Those who check the "YES" box must supply the attachment required as explained in section 10.
- ☐ **Section 11.** All corporations must check either YES or NO in the Statement of Bankruptcy, Receivership or Charter Revocation (both A and B). Those who check the "YES" box must supply the attachment required as explained in section 11.
- ☐ **Section 12.** All corporations must read the declarations in this section. If they have complied, and if they have completed the Annual Report, then the applicable officer(s) listed in section 7 **must** acknowledge by signing and dating the report. The signer(s) shall be at least one duly authorized officer.
- ☐ **Sign, Date & Mail the Check and Annual Report.** Business corporations must send **\$45**, Nonprofit corporations **\$10**. Credit cards are **not** accepted. Business/profit corporations are subject to penalties if their report is submitted after its assigned due date. Contact the Annual Report section at **602-542-3285 (Phoenix)** or **520-628-6560 (Tucson)** or by FAX at **602-542-0082** for the penalty amount due.

MAKE CHECK PAYABLE TO:
MAIL OR DELIVER TO:

ARIZONA CORPORATION COMMISSION
c/o Annual Reports - Corporations Division
1300 West Washington or 400 West Congress
Phoenix, AZ 85007-2929 Tucson, AZ 85701-1347

Seek professional advice from your accountant, attorney, or other knowledgeable source if you need help with any section. The Commission's web site (www.cc.state.az.us) has more general information about annual reports and reporting requirements. The Annual Reports Section of the Corporations Division cannot give legal or tax advice, but you may call them with your other questions regarding this form at (602) 542-3285.