



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

AZ Corp. Commission



00936052

29-1012

DUE ON OR BEFORE 07/25/2004

FY04-05

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.

RECEIVED

MAY 11 2004

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. -0066675-3
EASTERN ARIZONA MUSEUM & HISTORICAL SOCIETY
PO BOX 274
2 N MAIN ST
PIMA, AZ 85543

Business Phone: _____ (Business phone is optional.)

State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Statutory Agent: DARWIN J WEECH
Mailing Address: 205 5TH ST
City, State, Zip: SAFFORD, AZ 85546

Physical Address, If Different.
Physical Address:
City, State, Zip:

ACC USE ONLY

IPR

Fee \$ 10 05/18/04

Penalty \$ _____

Reinstate \$ _____

Expedite \$ _____

Resubmit \$ _____

784128

3. Secondary Address:

(Foreign Corporations are
REQUIRED to complete
this section).

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

Printed Name of new Statutory Agent

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

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

NON-PROFIT CORPORATIONS

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

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. **Please Type or Print Clearly.**

Name: _____ Name: _____

NONE ☒

Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly. You Must List at Least One.

Name: Steve Marshall Name: Karen Griffin

Title: President Title: Vice President

Address: P. O. Box 177 Address: 8866 W. Anderson Rd.

Pima, Arizona 85543 Pima, Arizona 85543

Date taking office: 4-28-04 Date taking office: 4-28-04

Name: Anna Jane Jarvis Name: Edres Barney

Title: Secretary Title: Treasurer

Address: P. O. Box RJ Address: P. O. Box 1038

Pima, Arizona 85543 Pima, Arizona 85543

Date taking office: 4-30-03 Date taking office: 4-18-96

8. DIRECTORS Please Type or Print Clearly. You Must List at Least One.

Name: Robert J. Colvin Name: _____

Address: 9488 N. Hot Springs Rd. Address: _____

Eden, Arizona 85535 _____

Date taking office: 3-31-91 Date taking office: _____

Name: SEE ATTACHED LIST Name: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

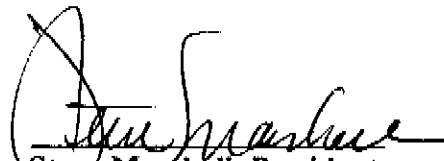
INCOME & EXPENSE STATEMENT

for
Eastern Arizona Museum & Historical Society
of
Graham Co., Inc.

April 1, 2003 through March 31, 2004

Beginning Checkbook Balance as of 4-1-2003	\$4,553.12
Interest Earned on Checking Acct.	13.21
Sub-Total	<hr/> 4,566.33
Plus Income +	12,769.59
Sub-Total	<hr/> 17,335.92
Less Expenses -	11,934.95
Ending Checkbook Balance as of 3-31-04	<hr/> \$5,400.97


Edres Barney, Treasurer 8-8-04


Steve Marshall, President

**Eastern Az Museum & Historical Society
Of
Graham County, Inc.**

Recap of Expenses

April 1, 2003 through March 31, 2004


Artifact Preservation Supplies	87.49
Books-Cards-Rings-Rocks	821.00
FICA Taxes	666.68
Film/Developing	51.05
Heritage Days & Fall Fundraiser	1209.19
Materials-Repairs-Upkeep	287.57
Misc. (12 Tables 516.03 Float & Open House 36.35)	552.38
Office/Janitorial Supplies	60.44
Phone	479.42
Photo Copying & Laminating	119.85
Postage	37.00
***Professional Fees	380.93
Salaries	4024.16
Servicing Coolers/Heaters	75.00
Sewer	286.00
Utilities	2496.79
Valley Security	300.00

TOTAL

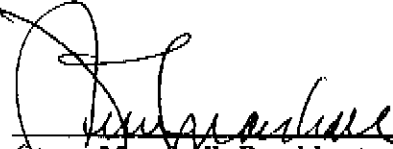
\$11,934.95

*** \$10	Corp. Comm. Filing
39.95	Required Labor Laws Posters
139.00	SCF of Az (Worker's Comp)
24.0	Box Rent
81.08	Business Cards
75.0	Az Hist. Soc. Affiliate Membership
11.90	Name Tags Nyla/Mina

380.93


Edres Barney, Treasurer

5-8-04

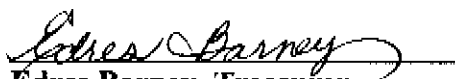

Steve Marshall, President

**Eastern Az Museum & Historical Society
Of
Graham Co., Inc.**

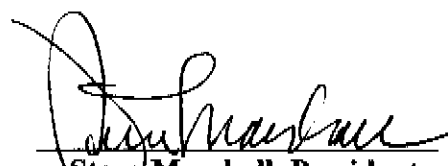
Recap of Income

April 1, 2003 through March 31, 2004

Board of Supervisors	1700.00
Books-Cards-Rings-Rocks	1557.00
Donations	473.89
Fall Fundraiser	2200.55
Heritage Days	3832.95
IRS -Refund of Overpayment	27.03
Membership	15.00
Pima Chamber of Commerce	600.00
Reimbursement of Mailing Exp.	28.99
Rodeo Breakfast	134.18
Town of Pima	2200.00
Sub-Total	12,769.59
Interest on Checking Acct.	13.21
Total	\$12,782.80


Edres Barney, Treasurer

5-8-04


Steve Marshall, President

**Eastern Arizona Museum & Historical Society
of Graham County, Inc.
Officers & Directors
2004-2005**

President: Steve Marshall
P. O. Box 177
Pima, AZ 85543
485-2350 4-30-02

Vice Pres: Karen Griffin
8866 W. Anderson Rd.
Pima, AZ 85543
485-3072 4-30-98

Secretary: Anna Jane Jarvis
P. O. Box RJ
Pima, Az 85543
485-2413 3-31-63

Treasurer: Edres Barney
P. O. Box 1038
Pima, Az 85543
485-3032 4-18-96

Fawn Bryce****
HCR 1 Box 3311
Pima, Az 85543
485-2340 3-31-89

Mina Lee
3780 W. Hoopes Pl.
Thatcher, Az 85552
348-0323 4-28-04

Robert J. Colvin
9488 N. Hot Springs Rd.
Eden, Az 85535
485-2279 3-31-91

Rex Owens
11017 N. Bryce-Eden Rd.
Pima, Az 85543
485-9407 4-28-04

Ray Kent Ferguson****
P. O. Box 126
Pima, Az 85543
485-2677 3-31-91

Wilma C. Rhinehart
975 West Cholla Drive
Safford, Az 85546
428-1944 3-31-90

Ted Ferrin
950 W. Tripp Canyon Rd.
Pima, Az 85543
485-2632 4-30-03

Leroy Smith
P. O. Box 458
Pima, Az 85543
485-2556 4-27-99

C.B. Fletcher
P. O. Box 997
Pima, Az 85543
485-2731 4-30-98

Nyla Smith
9215 Eden Springs Rd.
Eden, Az 85535
485-2518 4-30-03

Alice Hancock
P. O. Box 96
Pima, Az 85543
485-2269 4-25-93

Cherrel Weech****
108 W 400 S
Pima, Az 85543
485-2288 3-31-63

Varlyn Kight
HC1 Box 4135
Pima, Az 85543
485-2754 4-27-99

Marla Wright
HC01 Box 3148
Pima, Az 85543
485-9485 4-26-01

******Denotes Emeritus Board Member**

Shawn Wright
9202 N. Hot Springs Rd.
Eden, Az 85535
485-0795 4-30-02

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.

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.D.2, 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]

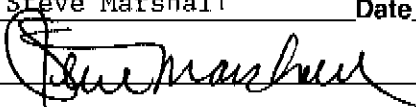
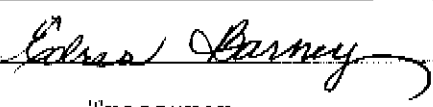
One box **must** be marked: YES ☐ NO ☒

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>Steve Marshall</u>	Date <u>5-8-04</u>	Name <u>Edres Barney</u>	Date <u>5-8-04</u>
Signature 		Signature 	
Title <u>President</u>		Title <u>Treasurer</u>	

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