



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

AZ Corp. Commission
01354231

DUE ON OR BEFORE 10/12/2005

FY05-06

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

OCT - 5 2005

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

1. -0050550-6
SOMERTON ROTARY CLUB
BOX 584
SOMERTON, AZ 85350

Business Phone: _____

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Statutory Agent: GLORIA VANDERZYL
Mailing Address: 1217-S 19 AVE
City, State, zip: YUMA, AZ 85364

Physical Address, If Different.

Physical Address:

City, State, Zip:

ACC USE ONLY

Fee \$ 10 10/12/05

Penalty \$ _____

Reinstate \$ _____

Expedite \$ _____

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.

Signature of new Statutory Agent

Printed Name 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 checked="" 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
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 Print or Type Clearly.**

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.

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

5b. 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 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: _____
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NONE ☐

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

Name: Renee Vuksan

Title: President

Address: 690 N. Bingham Ave.
Unit E, Somerton AZ 85350

Date taking office: 7/01/2004

Name: Rick Geyer

Title: Vice-President

Address: 4521 E. Co. 14th St
Yuma AZ 85365

Date taking office: 7/01/2004

Name: Elodia Vanderzyl

Title: Treasurer

Address: 1217 S. 19th Ave
Yuma AZ 85364

Date taking office: 7/01/2004

Name: George W. Franklin

Title: Secretary

Address: 15340 S. Ave 13
Somerton AZ 85350-7000

Date taking office: 7/01/2004

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

Name: James Thurber

Address: 200 N. Bingham Ave
Somerton AZ 85350

Date taking office: 7/01/2005

Name: _____

Address: _____

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

Member:0000011705 ID: 100	Share Type: DRAFT 10	Prev Acct #: 9009289135
SOMERTON ROTARY CLUB or RICHA	Mbr SSN:860-64-1031	Disb Member:
	Joint SSN:564-36-6930	Disb ID:
PO BOX 584	Rpt SSN:860-64-1031	Secondary: 9009289131
SOMERTON AZ 85350-0584		Home Phone:(928)000-0000
		Work Phone:(000)000-0000
		Work Phone Ext:
Title Type:		Birthdate: 01/01/1900
Misc Date: --/--/----	Warnings: 0120	Account Code: 1
Opened: 09/05/1997	Batch Warning: 0	NSF's CTD: 0
Closed: --/--/----	ARU Restriction Code: 11	NSF's Total: 1
Balance: 372.76	IRA/ESA Plan:	Withdrawals Per: 3
Cur Secured: 0.00	Annual Contr: 0.00	Withdrawals YTD: 52
Misc Holds: 0.00	Sp Acct: 0	Check Digits: 01
Chk Holds: 0.00	Passbook Flag: 0	Branch: 04
Pyr1 Holds: 0.00	User Fields: 0700000000	Insurability Status: 4
Auth Holds: 0.00	Last Active: 09/09/2005	Stmt Cycle Code: 1
Cert Drfts: 0.00	Last F.M.: 01/03/2005	Mail Code: 0
Unpd Fees: 0.00	Last Stmt: 08/31/2005	Card Access Code: 00
Min Shrs: 0.00	Corr Date: --/--/----	Status Code: 0
-----	APY: %	Div Next: 08/01/2005
Avail Bal: 372.76	Div Months: 01	Div Next: 0.00
	Div Rate: %	Div YTD: 0.00
	Div Min Bal: 0.00	

Member:0000011705 ID: 000	Share Type: SHARE 00	Prev Acct #: 0000011705
SOMERTON ROTARY CLUB or RICHA	Mbr SSN:860-64-1031	Disb Member:
	Joint SSN:564-36-6930	Disb ID:
PO Box 584	Rpt SSN:860-64-1031	Secondary: 0000000000
SOMERTON AZ 85350-0584		Home Phone:(928)000-0000
		Work Phone:(000)000-0000
		Work Phone Ext:
Title Type:		Birthdate: 01/01/1900
Misc Date: --/--/----	Warnings: 0100	Account Code: 0
Opened: 09/05/1997	Batch Warning: 0	NSF's CTD: 0
Closed: --/--/----	ARU Restriction Code: 11	NSF's Total: 0
Balance: 1,493.36	IRA/ESA Plan:	Withdrawals Per: 0
Cur Secured: 0.00	Annual Contr: 0.00	Withdrawals YTD: 1
Misc Holds: 0.00	Sp Acct: 0	Check Digits: 00
Chk Holds: 0.00	Passbook Flag: 0	Branch: 04
Pymt Holds: 0.00	User Fields: 0000000000	Insurability Status: 4
Auth Holds: 0.00	Last Active: 04/01/2005	Stmt Cycle Code: 1
Cert Drfts: 0.00	Last F.M.: 01/03/2005	Mail Code: 0
Unpd Fees: 0.00	Last Stmt: 08/31/2005	Card Access Code: 00
Min Shrs: 25.00	Corr Date: --/--/----	Status Code: 0
-----	APY: %	Div Next: 10/01/2005
Avail Bal: 1,468.36	Div Months: 01	Div Next: 1.66
	Div Rate: %	Div YTD: 10.30
	Div Min Bal: 0.00	

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 other 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 RENEE Lynn Vukhsan Date 9/14/05 Name George W. Franklin Date 9/14/2005

Signature [Signature] Signature [Signature]

Title Somerton President Title Secretary

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