

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000004559 (7)**  
 1. Corporation Name  
**ALPHA AVIATION MISSION OUTREACH CENTER, INC.**

Principal Place of Business <b>3131 #30 UNIVERSITY BLVD. N. JACKSONVILLE FL 32277</b>	Mailing Address <b>3131 #30 UNIVERSITY BLVD. N. JACKSONVILLE FL 32277</b>
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2. Principal Place of Business <b>21 11515 Monument Lake Cir</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P.O. Box 8730</b> Suite, Apt. #, etc.
City & State <b>23 Jacksonville FL</b>	City & State <b>27 Jacksonville, FL</b>
Zip <b>24 32225</b>	Country
Zip <b>29 32239</b>	Country

3. Date Incorporated or Qualified <b>08/12/1997</b>	
4. FEI Number <b>59-3462455</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BAUMANN, J.R.**  
**3131 #30 UNIVERSITY BLVD. N. JACKSONVILLE FL 32277**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>BAUMANN, J.R.</b>	
STREET ADDRESS	<b>P. O. BOX 8730</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32239</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/>
NAME	<b>HOLLIS, D.M.</b>	
STREET ADDRESS	<b>2768 KINGSTREE DR. W-#4</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>	
TITLE	<b>STD</b>	<input type="checkbox"/>
NAME	<b>BAUMANN, CHARLETTA</b>	
STREET ADDRESS	<b>P.O. BOX 8730</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32239</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	<b>VD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Ronald G. Krewson</b>		
1.3 STREET ADDRESS	<b>Rt. 1, Box 222-1</b>		
1.4 CITY-ST-ZIP	<b>Cleveland, OK 74020</b>		
2.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>William Howze McDonald</b>		
2.3 STREET ADDRESS	<b>4703 Durant Rd.</b>		
2.4 CITY-ST-ZIP	<b>Dover, FL 33527</b>		
3.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>James Michael DeSormeau</b>		
3.3 STREET ADDRESS	<b>11515 Monument Lake Circle</b>		
3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32225</b>		
4.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>Baumann, J.R.</b>		
4.3 STREET ADDRESS	<b>3131 University Blvd. N #30</b>		
4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32277</b>		
5.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>Baumann, Charletta</b>		
5.3 STREET ADDRESS	<b>3131 University Blvd. N #30</b>		
5.4 CITY-ST-ZIP	<b>Jacksonville, FL 32277</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** J.R. Baumann **4/9/98** **(904)745-5551**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0079784

CR2E037 (10/97)