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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000004559

1. Corporation Name
ALPHA AVIATION MISSION OUTREACH CENTER, INC.

486278 - 90010 - 41

Principal Place of Business
 11515 MOUNMENT LAKE CIR
 JACKSONVILLE FL 32225
 US

Mailing Address
 P.O. BOX 8730
 JACKSONVILLE FL 32239
 US



21. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		5. Certificate of Status Desired	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAUMANN, J.R. 3131 #30 UNIVERSITY BLVD. N. JACKSONVILLE FL 32277				81 Name	James Michael DeSormeau		
				82 Street Address (P.O. Box Number is Not Acceptable)	11515 Monument Lake Cir		
				83			
				84 City	Jacksonville	85 State	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: James Michael DeSormeau DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V
NAME	BAUMANN, J.R.	1.2 NAME	Ronald G. Krewson
STREET ADDRESS	3131 UNIVERSITY BLVD, #30	1.3 STREET ADDRESS	Rt. 1, Box 222-1
CITY-ST-ZIP	JACKSONVILLE FL 32277	1.4 CITY-ST-ZIP	Cleveland, OK 74020
TITLE	D	2.1 TITLE	James Michael DeSormeau
NAME	MCDONALD, WILLIAM HOWEZ	2.2 NAME	James Michael DeSormeau
STREET ADDRESS	4703 DURANT RD	2.3 STREET ADDRESS	11515 Monument Lake Circle
CITY-ST-ZIP	DOVER FL 33527	2.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	STD	3.1 TITLE	P
NAME	BAUMANN, CHARLETTA	3.2 NAME	J.R. Baumann
STREET ADDRESS	3131 UNIVERSITY BLVD, #30	3.3 STREET ADDRESS	15303 E. 21st St.
CITY-ST-ZIP	JACKSONVILLE FL 32277	3.4 CITY-ST-ZIP	Tulsa, OK 74134
TITLE		4.1 TITLE	ST
NAME		4.2 NAME	Charletta Baumann
STREET ADDRESS		4.3 STREET ADDRESS	15303 E 21st Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tulsa, OK 74134 74134
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 as an attachment with an address, with all other like empowered.

SIGNATURE: James Michael DeSormeau DATE: 4/26/99 (918)438-7812

CR2E037 (1/198)