

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0012566

04-30-2001 90127 008 *****61.25

DOCUMENT # N97000004559

1. Entity Name

ALPHA AVIATION MISSION OUTREACH CENTER, INC.

Principal Place of Business

Mailing Address

11515 MOUNMENT LAKE CIR
 JACKSONVILLE FL 32225
 US

11515 MOUNMENT LAKE CIR
 JACKSONVILLE FL 32225
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3462455

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUMANN, J.R.
 11515 MONUMENT LAKE CIR
 JACKSONVILLE FL 32235-0100

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BAUMANN, J.R.	
STREET ADDRESS	3131 UNIVERSITY BLVD, #30	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONALD, WILLIAM HOWEZ	
STREET ADDRESS	4703 DURANT RD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BAUMANN, CHARLETTA	
STREET ADDRESS	15303 E 21ST	
CITY-ST-ZIP	TULSA OK 74134	
TITLE	V	<input type="checkbox"/> Delete
NAME	KREWSON, RONALD G	
STREET ADDRESS	RT 1 BOX 222-1	
CITY-ST-ZIP	CLEVELAND OK 74020	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESORMEAU, JAMES M	
STREET ADDRESS	11515 MONUMENT LAKE CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charletta Baumann*

CHARLETTA BAUMANN 4-24-2001

918-438-7812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)