2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004559

FILED Apr 29, 2005 Secretary of State

Entity Name: ALPHA AVIATION MISSION OUTREACH CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

2532 MOON HARBOR WAY MIDDLEBURG, FL 32068 US

Current Mailing Address: New Mailing Address:

2532 MOON HARBOR WAY MIDDLEBURG, FL 32068 US

FEI Number: 59-3462455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DESORMEAU, JAMES M 2532 MOON HARBOR WAY MIDDLEBURG, FL 32068 US

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:

Clashrania Giamahura of Danisharad Awart

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: BAUMANN, J.R. Name: BAUMANN, J.R.

 Address:
 15303 E 21ST
 Address:
 13704 E 14TH STREET

 City-St-Zip:
 TULSA, OK 74134
 City-St-Zip:
 TULSA, OK 74108

Title: STD () Delete Title: STD (X) Change () Addition
Name: BAUMANN, CHARLETTA Name: BAUMANN, CHARLETTA
Address: 15303 F 21ST Address: 13704 F 14TH STREFT

 Address:
 15303 E 21ST
 Address:
 13704 E 14TH STREET

 City-St-Zip:
 TULSA, OK 74134
 City-St-Zip:
 TULSA, OK 74108

Title: V () Delete Title: D (X) Change () Addition
Name: KREWSON, RONALD G Name: LUNDAY, DAVID

 Name:
 KREWSON, RONALD G
 Name:
 LUNDAY, DAVID

 Address:
 RT 1 BOX 222-1
 Address:
 609 REDBUD

City-St-Zip: CLEVELAND, OK 74020 City-St-Zip: MOUNTAIN HOME, AR 72653

() Delete (X) Change () Addition Title: Title: DESORMEAU, JAMES M Name: DESORMEAU, JAMES M Name: 2532 MOON HARBOR WAY Address: 2532 MOON HARBOR WAY Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete Title: () Change () Addition

 Title:
 D
 () Delete
 Title:

 Name:
 MCDONALD, JACQUELINE P
 Name:

 Address:
 4703 DURANT ROAD
 Address:

 City-St-Zip:
 DOVER, FL 33527
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLETTA BAUMANN STD 04/29/2005