

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004559

FILED  
May 08, 2006  
Secretary of State

Entity Name: ALPHA AVIATION MISSION OUTREACH CENTER, INC.

**Current Principal Place of Business:**

2532 MOON HARBOR WAY  
MIDDLEBURG, FL 32068 US

**New Principal Place of Business:**

**Current Mailing Address:**

2532 MOON HARBOR WAY  
MIDDLEBURG, FL 32068 US

**New Mailing Address:**

FEI Number: 59-3462455      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BAUMANN, J.R.  
Address: 13704 E 14TH STREET  
City-St-Zip: TULSA, OK 74108

Title: STD      ( ) Delete  
Name: BAUMANN, CHARLETTA  
Address: 13704 E 14TH STREET  
City-St-Zip: TULSA, OK 74108

Title: D      ( ) Delete  
Name: LUNDAY, DAVID  
Address: 609 REDBUD  
City-St-Zip: MOUNTAIN HOME, AR 72653

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

Title: D      ( ) Delete  
Name: MCDONALD, JACQUELINE P  
Address: 4703 DURANT ROAD  
City-St-Zip: DOVER, FL 33527

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: J R BAUMANN

P

05/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date