

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004559

FILED
Apr 23, 2007
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)

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

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D () Change (X) Addition
Name: BARNES, MIKE
Address: 9102 E. 66TH STREET
City-St-Zip: TULSA, OK 74133 US

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: CHARLETTA BAUMANN

ST

04/23/2007

Electronic Signature of Signing Officer or Director

Date