

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004559

**FILED**  
**Mar 04, 2013**  
**Secretary of State**  
**CC6187987882**

**Entity Name:** ALPHA AVIATION MISSION OUTREACH CENTER, INC.

**Current Principal Place of Business:**

2532 MOON HARBOR WAY  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

2532 MOON HARBOR WAY  
MIDDLEBURG, FL 32068 US

**FEI Number: 59-3462455**

**Certificate of Status Desired: Yes**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BAUMANN, J.R.  
Address PO BOX 1622 / 301 N 12TH ST  
City-State-Zip: MUSKOGEE OK 74401

Title STD  
Name SIDENER, KEVIN  
Address 572 E 139TH PLACE  
City-State-Zip: GLENPOOL OK 74033

Title D  
Name LUNDAY, DAVID  
Address 609 REDBUD  
City-State-Zip: MOUNTAIN HOME AR 72653

Title V  
Name DESORMEAU, JAMES M  
Address 2532 MOON HARBOR WAY  
City-State-Zip: MIDDLEBURG FL 32068

Title D  
Name MCDONALD, JACQUELINE P  
Address 4703 DURANT ROAD  
City-State-Zip: DOVER FL 33527

Title D  
Name BAUMANN, PAMELA J  
Address PO BOX 1622  
City-State-Zip: MUSKOGEE OK 74402-1622

*I hereby 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 all other like empowered.*

**SIGNATURE: BAUMANN, J.R.**

**PRESIDENT**

**03/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date