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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28113

1. Corporation Name

WORLD WAR II FLIGHT NURSES ASSOCIATION INC.

Principal Place of Business

 C/O JANE R. HAYNES
 02111 SPRING LAKE RD
 FRUITLAND PARK FL 34731

Mailing Address

 C/O JANE R. HAYNES
 02111 SPRING LAKE RD
 FRUITLAND PARK FL 34731


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/30/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2917852	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

 HAYNES, JANE R.
 02111 SPRING LAKE RD
 FRUITLAND PARK FL 34731

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, JANE R.	1.2 NAME	Bjerke, VerNell
STREET ADDRESS	02111 SPRING LAKE RD	1.3 STREET ADDRESS	412 E 55th Street #3F
CITY-ST-ZIP	FRUITLAND PARK FL 34711-5254	1.4 CITY-ST-ZIP	New York, NY 10022
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAHERTY, AGNES	2.2 NAME	
STREET ADDRESS	7 THUNDER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SACO ME 04072	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BJERKE, VER NELL	3.2 NAME	DISHROON Brier, Geraldine
STREET ADDRESS	412 E 55TH STREET, #3 F	3.3 STREET ADDRESS	4404 Easy Street
CITY-ST-ZIP	NEW YORK NY 10022	3.4 CITY-ST-ZIP	Cheyenne, WY 82009
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISHROON, GERALDINE	4.2 NAME	HAYNES, JANE R
STREET ADDRESS	830 PIKE ST	4.3 STREET ADDRESS	02111 Spring Lake Rd.
CITY-ST-ZIP	CHEYENNE WY	4.4 CITY-ST-ZIP	Fruitland Park, FL 34731-5254
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIERNEY, JEAN F	5.2 NAME	
STREET ADDRESS	BOX 21	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROXBURY CT 06783	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNES, DOROTHY B	6.2 NAME	Elizabeth MARTINSEN
STREET ADDRESS	1305 E RENO	6.3 STREET ADDRESS	1309 Thompson St.
CITY-ST-ZIP	BROKEN ARROW OK 74012-9304	6.4 CITY-ST-ZIP	Taylor, TX 76574-2640

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-03-'99

Date

Jane R. Haynes

Daytime Phone #

CR2E037 (11/98)