

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90125 050 ****70.00

DOCUMENT # N28113

1. Entity Name

WORLD WAR II FLIGHT NURSES ASSOCIATION INC.

Principal Place of Business

Mailing Address

**412 EAST 55TH ST
APT 3F
NEW YORK NY 10022**

**412 EAST 55TH ST
APT 3F
NEW YORK NY 10022**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2917852

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERRAIR, DOROTHY
1600 TAMARAC TRAIL
TAVARES FL 32778**

Name

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

City

FL

Zip Code

8. 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

Dorothy C Errair

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-02

9

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ERRAIR, DOROTHY C
1600 TAMARAC TRAIL
TAVARES FL 32778** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Miller, Dorothy
525 Long Pond Road, Rte.137
Harwich, MA 02643** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FLAHERTY, AGNES
7 THUNDER RD
SACO ME 04072** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Flaherty, Agnes
7 Thunder Road
Saco, ME 04072** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BJERKE, VER NELL
412 E 55TH STREET, #3 F
NEW YORK NY 10022** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Thorp, Frances
799 Yellowstone Dr. Apt. 270
Vacaville, CA 95687-3455** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DISHROON BRIER, GERALDINE
4707 EASY STREET
CHEYENNE WY 82009** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TIERNEY, JEAN F
BOX 21
ROXBURY CT 06783** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARTINSEN, ELIZABETH
1309 THOMPSON ST
TAYLOR TX 36574-2640** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Verne R. Bjerke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-02 212-757-2137

CR2E037 (9/01)