


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90065 035 ****61.25

DOCUMENT # N28113	
1. Entity Name WORLD WAR II FLIGHT NURSES ASSOCIATION INC.	

Principal Place of Business 412 EAST 55TH ST 1600 Tamarac APT 3F NEW YORK NY 10022 Tavares PL 32778	Mailing Address 412 EAST 55TH ST APT 3F NEW YORK NY 10022
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2917852	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ERRAIR, DOROTHY 1600 TAMARAC TRAIL TAVARES FL 32778

7. Name and Address of New Registered Agent
Name <u>Dorothy C Errair</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1600 Tamarac Trail</u>
City <u>Tavares</u> <u>FL</u> Zip Code <u>32778</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <u>Dorothy C Errair</u> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE <u>2-7-04</u>
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<u>President</u> ERRAIR, DOROTHY C 1600 TAMARAC TRAIL TAVARES FL 32778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
SD FLAHERTY, AGNES 7 THUNDER RD SACO ME 04072	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PP <u>Post President</u> BJERKE, VER NELL 412 E 55TH STREET, #3 F NEW YORK NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
SD MILLER, DOROTHY 525 LONG POND ROAD, RTE. 137 HARWICH MA 02643	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
DD <u>Director</u> ELAHERTY, AGNES 757 MAIN STREET #5 SOUTH PORTLAND ME 04106	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
DD <u>Treasurer</u> THORP, FRANCES 799 YELLOWSTONE DR., APT 270 VACAVILLE CA 95687	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Dorothy C Errair</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>Feb. 7-2004</u>	DAYTIME PHONE # <u>352-343-7974</u>
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