

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90193 030 ****66.25

DOCUMENT # N28113

1. Entity Name

WORLD WAR II FLIGHT NURSES ASSOCIATION INC.



Principal Place of Business

**1600 TAMARAC
TAVARES FL 32778**

Mailing Address

**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

1st MOORE

CR2E037 (10/05)

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☒

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Delete
NAME	ERRAIR, DOROTHY C	
STREET ADDRESS	1600 TAMARAC TRAIL	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	Board	<input type="checkbox"/> Delete
NAME	BJERKE, VER NELL	
STREET ADDRESS	412 E 55TH STREET, #3 F	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	Board	<input type="checkbox"/> Delete
NAME	ELAHERTY, AGNES	
STREET ADDRESS	757 MAIN STREET #5	
CITY-ST-ZIP	SOUTH PORTLAND ME 04106	
TITLE	Vice Pres	<input type="checkbox"/> Delete
NAME	THORP, FRANCES	
STREET ADDRESS	799 YELLOWSTONE DR., APT 270	
CITY-ST-ZIP	VACAVILLE CA 95687	
TITLE	Treas.	<input type="checkbox"/> Delete
NAME	Gene Trachsel Eisenhower	
STREET ADDRESS	5620 SW 35 Way	
CITY-ST-ZIP	Gainesville FL 32608	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Dorothy C Errair*