

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28113

FILED
May 10, 2009
Secretary of State

Entity Name: WORLD WAR II FLIGHT NURSES ASSOCIATION INC.

Current Principal Place of Business:

1600 TAMARAC
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

1600 TAMARAC TRAIL
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-2917852 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ERRAIR, DOROTHY
1600 TAMARAC TRAIL
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ERRAIR, DOROTHY C
Address: 1600 TAMARAC TRAIL
City-St-Zip: TAVARES, FL 32778

Title: B () Delete
Name: BJERKE, VER NELL
Address: 412 E 55TH STREET, #3 F
City-St-Zip: NEW YORK, NY 10022

Title: B () Delete
Name: ELAHERTY, AGNES
Address: 757 MAIN STREET #5
City-St-Zip: SOUTH PORTLAND, ME 04106

Title: VP () Delete
Name: THORP, FRANCES
Address: 799 YELLOWSTONE DR., APT 270
City-St-Zip: VACAVILLE, CA 95687

Title: T () Delete
Name: EISENHOWER, GENE TRACHSEL
Address: 5620 SW 35 WAY
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GENEVIE TRACHSEL EISENHOWER

T

05/10/2009

Electronic Signature of Signing Officer or Director

Date