

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28113

FILED  
Mar 22, 2012  
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 ( )**

**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  
Name: ERRAIR, DOROTHY C  
Address: 1600 TAMARAC TRAIL  
City-St-Zip: TAVARES, FL 32778

Title: VP  
Name: WIEHRDT, CHARLOTTE  
Address: 5505 EAST MC LELLAN # 69  
City-St-Zip: MESA, AZ 85205

Title: S  
Name: MILLER, ROSE  
Address: 80 COUNTRY RTE # 7  
City-St-Zip: PINES PLAINS, NY 02567

Title: T  
Name: BRUCKMAN, MELINDA E  
Address: 4020 RICH DRIVE  
City-St-Zip: WATERFORD, MI 48329

Title: B  
Name: CHRISTOPHER, MAUREEN  
Address: 530 HOMESTEAD ST.  
City-St-Zip: LAFAYETTE, CO 80026

Title: B  
Name: SILVA, TANA  
Address: 725 NW 3RD STREET  
City-St-Zip: GAINESVILLE, FL 32601

I hereby 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 all other like empowered.

SIGNATURE: MELINDA ERRAIR BRUCKMAN

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03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date