

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90232 028 ****70.00

DOCUMENT # N28113

1. Entity Name

WORLD WAR II FLIGHT NURSES ASSOCIATION INC.



Principal Place of Business

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

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

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

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

7. Name and Address of New Registered Agent

Name

NO CHANNIGLE

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

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

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

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

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

TITLE **SD** ☐ Delete
NAME **MILLER, DOROTHY**
STREET ADDRESS **525 LONG POND ROAD, RTE. 137**
CITY-ST-ZIP **HARWICH MA 02643**

TITLE **TD** ☒ Delete
NAME **FLAHERTY, AGNES**
STREET ADDRESS **7 THUNDER ROAD**
CITY-ST-ZIP **SACO ME 04072**

TITLE **D** ☐ Delete
NAME **THORP, FRANCES**
STREET ADDRESS **799 YELLOWSTONE DR., APT 270**
CITY-ST-ZIP **VACAVILLE CA 95687**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **EISENHOWER, GENEVIE**
STREET ADDRESS **5602 SW 35th WAY**
CITY-ST-ZIP **GAINESVILLE FL 32608-5231**

TITLE **D** ☐ Change ☒ Addition
NAME **MILLER, ROSE**
STREET ADDRESS **COUNTY ROAD 7**
CITY-ST-ZIP **PINE PLANKS NY 12367**

TITLE **D** ☐ Change ☒ Addition
NAME **PAPP, HARRIET**
STREET ADDRESS **1401 LAMAR LANE**
CITY-ST-ZIP **MOUNT PROSPECT IL 60056**

TITLE **TD** ☒ Change ☐ Addition
NAME **FLAHERTY, AGNES**
STREET ADDRESS **757 MAIN ST #5**
CITY-ST-ZIP **SOUTH PORTLAND ME 04106**

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

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

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: **VER NELL R. BJERKE** 3/5/03 212-751-2737

CR2E037 (10/02)