

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

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

06-30-2004 90002 014 ***100.00

DOCUMENT # N03000001372					
1. Entity Name NORTHSIDE FEDERATED KING'S DAUGHTERS CHAPTER II INC.					
Principal Place of Business 3500 NW 83RD ST MIAMI FL 33147			Mailing Address 3500 NW 83RD ST MIAMI FL 33147		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 04-3664698	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JNO-LEWIS, EILEEN 3500 NW 83RD ST MIAMI FL 33147				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 NAME STREET ADDRESS CITY- ST- ZIP	P JNO-LEWIS, EILEEN 3500 NW 83RD ST MIAMI FL 33147		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MCRAE, CLAIR 2196 NW 74TH TER MIAMI FL 33147		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary Eileen Lewis 13501 W. 207 St. Miami, Fla. 33169	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T STRINGER, BETTY 2411 NW 52ND ST MIAMI FL 33142		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Treasurer Doracita Horton 225 N.E. 173 St North Miami Beach, FL 33162	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: <i>Eileen Lewis</i>			6/28/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					