

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # N03000001372</b>			
1. Entity Name <b>NORTHSIDE FEDERATED KING'S DAUGHTERS CHAPTER II INC.</b>			
Principal Place of Business <b>3500 NW 83RD ST MIAMI FL 33147</b>		Mailing Address <b>3500 NW 83RD ST MIAMI FL 33147</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06/30/05 MAY 31 AM 8:40  
#100.00  
- 61.25  
38.75



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>JNO-LEWIS, EILEEN 3500 NW 83RD ST MIAMI FL 33147</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	

8. The above named entity submits this statement for the purpose of c... office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	<b>00 May Be ded to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JNO-LEWIS, EILEEN			NAME			
STREET ADDRESS	3500 NW 83RD ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33147			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELIANTES, ANN			NAME			
STREET ADDRESS	1350 W 207 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33169			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HORTON, DORAETTA			NAME			
STREET ADDRESS	275 NE 173 ST			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:** *Eileen Jno Lewis* **5-23-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #