

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED

2007 SEP 14 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08272007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
04-3664698

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JNO-LEWIS, EILEEN  
3500 NW 83RD ST  
MIAMI, FL 33147

DO NOT WRITE  
IN THIS SPACE

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

Filing Fee is \$61.25  
Due by September 14, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

00109656881  
09/14/07--01041--007 \*\*61.25

10. OFFICERS AND DIRECTORS

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

S  
ELLIOTTE, INGRID B  
91350 N.E. 13TH ST  
N. MIAMI, FL 33161

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

T  
HORTON, DORAETTA  
275 NE 173 ST  
NORTH MIAMI BEACH, FL 33162

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/07

Date

305-836-7921

Daytime Phone #