## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000003227

Entity Name: KHEM TEMPLE NO. 85 DAUGHTERS OF THE NILE

**CORPORATION** 

**Current Principal Place of Business:** 

965 HUBBARD STREET JACKSONVILLE, FL 32206

**Current Mailing Address:** 

14580 ZACHARY DR S

JACKSONVILLE, FL 32218-0851 US

FEI Number: 23-7168930 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JONES, MARIE D 14580 ZACHARY DRIVE S JACKSONVILLE, FL 32218-0851 US

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

FILED Mar 10, 2024

**Secretary of State** 

9806128660CC

Officer/Director Detail:

Title PRES. Title DIRECTOR

NameDICKENS, LINDANameKERNOHAN, OCTAVIAAddress72 ANTILLES RD.Address2511 TOWNSQUARE DRIVECity-State-Zip:ST. AUGUSTINE FL 32092City-State-Zip:JACKSONVILLE FL 32216

Title DIRECTOR Title DIRECTOR

NameMERCER, BONNIE GNameBOWERS, JANICE DAddress12010 ARBOR LAKE DRIVEAddress720 TEE TIME LANECity-State-Zip:JACKSONVILLE FL 32225City-State-Zip:ST. JOHNS FL 32259

Title DIRECTOR Title DIRECTOR

NameSTARKE, JEANNameBOREE, DEBORAHAddress4409 GATE LANEAddress4142 BRIDGEVILLE RDCity-State-Zip:JACKSONVILLE FL 32226City-State-Zip:JACKSONVILLE FL 32223

TitleDIRECTORTitleDIRECTORNameBOREE, TERRINameJONES, MARIE

Address 6969 RICKER ROAD Address 14580 ZACHARY DR S

City-State-Zip: JACKSONVILLE FL 32244 City-State-Zip: JACKSONVILLE FL 32218-0851

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: MARIE JONES DIRECTOR 03/10/2024

Electronic Signature of Signing Officer/Director Detail

Date