2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008918

Entity Name: CHILDREN IN NEED, INC.

FILED May 11, 2009 Secretary of State

418 SOUTH SAN SOUCI 707 E NEW ST.

DELAND, FL 32720 US DELAND, FL 32724 US

Current Mailing Address: New Mailing Address:

418 SOUTH SAN SOUCI P.O. BOX 17

DELAND, FL 32720 US CASSADAGA, FL 32706 US

FEI Number: 20-0300657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PACKARD, STEPHEN R MR.

418 SOUTH SAN SOUCI

707 E NEW ST.

DELAND, FL 32720 US DELAND, FL 32724 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: HECTOR ORTEGA 05/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: PACKARD STEPHEN R MR Name: ORTEGA HECTOR MR

 Name:
 PACKARD, STEPHEN R MR.
 Name:
 ORTEGA, HECTOR MR.

 Address:
 418 SOUTH SAN SOUCI
 Address:
 707 E NEW ST.

 City-St-Zip:
 DELAND, FL 32720 US
 City-St-Zip:
 DELAND, FL 32724 US

Title: VPD () Delete Title: () Change () Addition

 Name:
 REYES, LUIS MR.
 Name:

 Address:
 6 CALLE 5-28
 Address:

 City-St-Zip:
 GUATEMALA CITY, GU ZONA 9 GU
 City-St-Zip:

 $\label{eq:title:start} {\sf Title:} \qquad {\sf ST} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf ST} \qquad {\sf (X) Change} \ {\sf () Addition}$

 Name:
 SWARTZ, PAUL MR.
 Name:
 WATKINS, TINA

 Address:
 P.O. BOX 4201
 Address:
 P.O. BOX 17

 City-St-Zip:
 DELAND, FL 32721 US
 City-St-Zip:
 CASSADAGA, FL 32706 US

Title: D () Delete Title: () Change () Addition

 Name:
 DE LOPEZ, LILY MRS.
 Name:

 Address:
 TRONCO 5, RAMA 1 NO. 75 EL ENCINAL
 Address:

 City-St-Zip:
 MIXCO, GU ZONA 7 GU
 City-St-Zip:

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 MERIDA, GLORIA

 Address:
 Address:
 1016 FORT SMITH

 City-St-Zip:
 City-St-Zip:
 DELTONA, FL 32738 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 MERIDA, CARLOS

 Address:
 Address:
 1016 FORT SMITH

 City-St-Zip:
 City-St-Zip:
 DELTONA, FL 32738 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HECTOR ORTEGA P 05/11/2009