

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N06000010286

**FILED**  
**Oct 19, 2011**  
**Secretary of State**

**Entity Name:** OUR SUPPORT FOR CHILDREN IN NEED, INC.

**Current Principal Place of Business:**

229 SE 2ND AVENUE  
#5  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

229 SE 2ND AVENUE  
#5  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** 75-3238083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUCIEN, DORCAS D  
229 SE 2ND AVENUE  
#5  
DELRAY BEACH, FL 33444 US

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

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:** DORCAS D LUCIEN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LUCIEN, DORCAS D  
**Address:** 229 SE 2ND AVENUE #5  
**City-St-Zip:** DELRAY BEACH, FL 33444

**Title:** VP  
**Name:** DUMAS, CALEB  
**Address:** 6012 STRAWBERRY LAKE CIR.  
**City-St-Zip:** LAKE WORTH, FL 33463

**Title:** S  
**Name:** SEIDE, MARIE K  
**Address:** 112 SE 23RD AVE.  
**City-St-Zip:** BOYNTON BEACH, FL 33435

**Title:** T  
**Name:** DUMAS, CAMILLA  
**Address:** 546 CAPRI L  
**City-St-Zip:** DELRAY BEACH, FL 33444

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:** DORCAS D LUCIEN

**DIRE**

**10/19/2011**

Electronic Signature of Signing Officer or Director

Date