## 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N12000000227

Entity Name: HOUSE OF SPECIAL CHILDREN, INC.

FILED Oct 02, 2013 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

484 LAMKIN SW STREET 890 NW 86TH AVE PALM BAY, FL 32908

**APT 911** 

PLANTATION, FL 33324

**Current Mailing Address: New Mailing Address:** 

484 LAMKIN SW STREET PO BOX 15962

PALM BAY, FL 32908 FT LAUDERDALE, FL 33318

FEI Number: 45-4449719 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BLAISE, MARIE M BLAISE, MARIE M 890 NW 86TH AVE 484 LAMKIN SW STREET

PLANTATION, FL 33324 US PALM BAY, FL 32908

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: MARIE M BLAISE 10/02/2013

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

BLAISE, MARIE M Name: Address: 890 NW 86TH AVE City-St-Zip: PLANTATION, FL 33324

Title:

Name: ONE, JOSEPH Address: 532 OLIVIA STREET SW City-St-Zip: PALM BAY, FL 32908

Title:

CARMEL, MARIE Name: 261 SW DUVAL AVENUE Address: City-St-Zip: PORT SAINT LUCIE, FL 34983

Title:

Name: LOUIS, MARIE S

DELMA 77 RUE ABC SANT #11C Address: City-St-Zip: PORT -AU-PRINCE, HAITI,

Title:

ST. LOUIS, JOSEPH S Name: **ROUTE BOURDON #99 VILLAS** Address:

AU-PRINCE, HAITI, City-St-Zip:

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 M BLAISE Ρ 10/02/2013