

**2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N17000012734

**FILED**  
**Oct 14, 2023**  
**Secretary of State**  
**8978470609CR**

**Entity Name:** BELOVED CHILDREN AND FAMILY SERVICES FOUNDATION, INC.

**Current Principal Place of Business:**

1372 S NARCOOSSEE ROAD  
SUITE 119  
SAINT CLOUD, FL 34771

**Current Mailing Address:**

1372 S NARCOOSSEE ROAD  
SUITE 119  
SAINT CLOUD, FL 34771 US

**FEI Number: 82-4847607**

**Certificate of Status Desired: No**

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

LAMOUR-THOMAS, INGRID  
1372 S NARCOOSSEE ROAD  
SUITE 119  
SAINT CLOUD, FL 34771 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:** INGRID LAMOUR-THOMAS

10/14/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LAMOUR-THOMAS, INGRID  
Address 1372 S NARCOOSSEE ROAD  
SUITE 119  
City-State-Zip: SAINT CLOUD FL 34771

Title S  
Name VERNERET, MIA SABRINA  
Address 1372 S NARCOOSSEE ROAD  
SUITE 119  
City-State-Zip: SAINT CLOUD FL 34771

Title T  
Name WASHINGTON, EMEM  
Address 1372 S NARCOOSSEE ROAD  
SUITE 119  
City-State-Zip: SAINT CLOUD FL 34771

*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:** INGRID LAMOUR-THOMAS

**PRESIDENT**

10/14/2023

Electronic Signature of Signing Officer/Director Detail

Date