

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001567

Entity Name: ACTION FOR CHILD PROTECTION, INC.**Current Principal Place of Business:**8920 LAWYERS ROAD
#691210
CHARLOTTE, NC 28227**Current Mailing Address:**8920 LAWYERS ROAD
#691210
CHARLOTTE, NC 28227 US**FEI Number:** 56-1426213**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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

Officer/Director Detail :

Title SECRETARY
Name COSTELLO, THERESA
Address 8920 LAWYERS ROAD
#691210
City-State-Zip: CHARLOTTE NC 28227

Title CHAIRMAN OF THE BOARD
Name HOLDER, WAYNE
Address 8920 LAWYERS ROAD
#691210
City-State-Zip: CHARLOTTE NC 28227

Title DIRECTOR
Name THOMAS, KAY
Address 8920 LAWYERS ROAD
#691210
City-State-Zip: CHARLOTTE NC 28227

Title PRESIDENT/CEO
Name COSTELLO, THERESA
Address 8920 LAWYERS ROAD
#691210
City-State-Zip: CHARLOTTE NC 28227

Title TREASURER
Name DARWIN, KATHY
Address 8920 LAWYERS ROAD
#691210
City-State-Zip: CHARLOTTE NC 28227

Title AUTHORIZED PERSON
Name LEE, LISA RUIZ
Address 8920 LAWYERS ROAD
#691210
City-State-Zip: CHARLOTTE NC 28227

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: LISA RUIZ LEE**AUTHORIZED PERSON****04/10/2024**

Electronic Signature of Signing Officer/Director Detail

Date