

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001567

Entity Name: ACTION FOR CHILD PROTECTION, INC.**Current Principal Place of Business:**2101 SARDIS RD N STE 204
CHARLOTTE, NC 28227**Current Mailing Address:**2101 SARDIS RD N STE 204
CHARLOTTE, NC 28227**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	C
Name	HOLDER, WAYNE
Address	2101 SARDIS RD N STE 204
City-State-Zip:	CHARLOTTE NC 28227

Title	DPS
Name	COSTELLO, THERESA
Address	2101 SARDIS RD N STE 204
City-State-Zip:	CHARLOTTE NC 28227

Title	VP
Name	BUCHICCHIO, ROBERT
Address	2101 SARDIS RD N STE 204
City-State-Zip:	CHARLOTTE NC 28227

Title	T
Name	DARWIN, KATHY
Address	2101 SARDIS RD N STE 204
City-State-Zip:	CHARLOTTE NC 28227

Title	DIRECTOR
Name	BOND, PAMELA
Address	2101 SARDIS RD N STE 204
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: THERESA COSTELLO**EXECUTIVE DIRECTOR****01/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date