

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001567

**Entity Name:** ACTION FOR CHILD PROTECTION, INC.

**Current Principal Place of Business:**

8920 LAWYERS RD  
#691210  
CHARLOTTE, NC 28227

**Current Mailing Address:**

8920 LAWYERS RD  
#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 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

Title CFO  
Name THOMAS, KAY BATTEN  
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: KAY B THOMAS**

**CHIEF FINANCIAL  
OFFICER**

**02/01/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date