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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

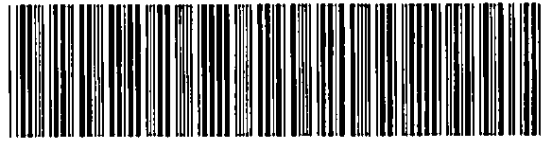
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** American Federation For Children Action Fund, Inc.

\_\_\_\_\_  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Mr. Jeffrey P. Gallant

\_\_\_\_\_  
Name of Person

The Bopp Law Firm, PC

\_\_\_\_\_  
Firm/Company

1 South Sixth Street

\_\_\_\_\_  
Address

Terre Haute, IN 47807

\_\_\_\_\_  
City/State and Zip Code

jgallant@bopplaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Jeffrey P. Gallant

\_\_\_\_\_  
Name of Person

812  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

232-2434

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. American Federation For Children Action Fund, Inc.

(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/14/2010 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1020 19th St, Ste 675, Washington, D.C. 20036-5634  
(Principal office street address)

N/A  
(Current mailing address, if different)

8. To advance education reforms that will provide a quality education for every child in America; to engage in any activities  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

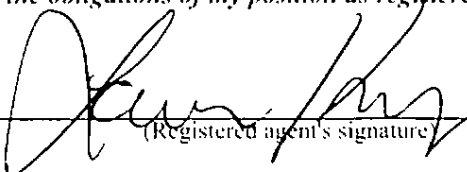
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: C T Corporation System  
Office Address: 1200 South Pine Island Rd.  
Plantation, Florida 33324  
(City) (Zip Code)

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10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature) **LAURENCE L. VICE PRESIDENT**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☒ Chairman Name: William E. Oberndorf  
☐ Vice Chairman Address: 1020 19th St, Ste 675  
☐ Director Washington, DC 20036  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: John F. Kirtley  
☒ Vice Chairman Address: 1020 19th St, Ste 675  
☐ Director Washington, DC 20036  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

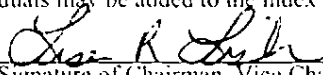
☐ Chairman Name: Greg Brock  
☐ Vice Chairman Address: 1020 19th St, Ste 675  
☐ Director Washington, DC 20036  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: CEO ☐ Other: \_\_\_\_\_

☐ Chairman Name: Kathy Hubbard  
☐ Vice Chairman Address: 1020 19th St, Ste 675  
☐ Director Washington, DC 20036  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Lisa Lisker  
☐ Vice Chairman Address: 228 S. Washington St., Ste. 115  
☐ Director Alexandria, VA 22314  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: John Schilling  
☐ Vice Chairman Address: 1020 19th St, Ste 675  
☐ Director Washington, DC 20036  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lisa R. Lisker, Treasurer  
(Typed or printed name and capacity of person signing application)

**Application by Foreign Not For Profit Corporation for Authorization to Conduct Its  
Affairs in Florida**

**Question 12A. - List of Directors (Attachment)**

Sister Rosemarie Nassif  
Director  
1020 19th St. NW, Ste. 675  
Washington, DC 20036

Jimmy Haslam  
Director  
1020 19th St. NW, Ste. 675  
Washington, DC 20036

Paul Shiverick  
Director  
1020 19th St. NW, Ste. 675  
Washington, DC 20036

Ann Duplessis  
Director  
1020 19th St. NW, Ste. 675  
Washington, DC 20036

Kevin P. Chavous  
Director  
1020 19th St. NW, Ste. 675  
Washington, DC 20036

Honorable Joseph Lieberman  
Director  
1020 19th St. NW, Ste. 675  
Washington, DC 20036

H. Lee Barfield, II  
Director  
1020 19th St. NW, Ste. 675  
Washington, DC 20036

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**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

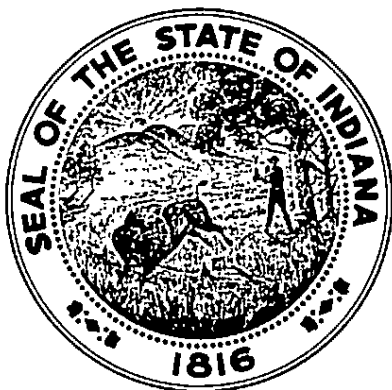
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**AMERICAN FEDERATION FOR CHILDREN ACTION FUND, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 14, 2010, and was in existence or authorized to transact business in the State of Indiana on October 15, 2019.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 15, 2019

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

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All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on November 14, 2019.