

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000005614

Entity Name: AMERICAN FEDERATION FOR CHILDREN ACTION FUND, INC.**Current Principal Place of Business:**1020 19TH ST STE 675
WASHINGTON, DC 20036**Current Mailing Address:**1020 19TH ST STE 675
WASHINGTON, DC 20036 US**FEI Number: 27-1687320****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH 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 CHAIRMAN
Name OBERNDORF, WILLIAM E
Address 1020 19TH ST STE 675
City-State-Zip: WASHINGTON DC 20036

Title VC
Name KIRTLEY, JOHN F
Address 1020 19TH ST STE 675
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name NASSIF, SISTER ROSEMARIE
Address 1020 19TH ST STE 675
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name SHIVERICK, PAUL
Address 1020 19TH ST STE 675
City-State-Zip: WASHINGTON DC 20036

Title S
Name HUBBARD, KATHY
Address 1020 19TH ST STE 675
City-State-Zip: WASHINGTON DC 20036

Title T
Name LISKER, LISA
Address 228 S WASHINGTON ST STE 115
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name HASLAM, JIMMY
Address 1020 19TH ST STE 675
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name DUPLESSIS, ANN
Address 1020 19TH ST STE 675
City-State-Zip: WASHINGTON DC 20036

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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 LISKER**TREASURER****01/14/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHAVOUS, KEVIN P
Address 1020 19TH ST STE 675
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name BARFIELD, H. LEE II
Address 1020 19TH ST STE 675
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name LIEBERMAN, JOSEPH
Address 1020 19TH ST STE 675
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name MCDERMOTT, ED
Address 1020 19TH ST STE 675
City-State-Zip: WASHINGTON DC 20036