2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2025
Secretary of State
0351014831CC

DOCUMENT# P37542

Entity Name: NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN, INC.

Current Principal Place of Business:

2380 WYCLIFF STREET
SUITE 200-11
SAINT PAUL, MN 55114

Current Mailing Address:

2380 WYCLIFF STREET
SUITE 200-11
SAINT PAUL, MN 55114 US

FEI Number: 51-0188951

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLARK, BARB
24 GOURDS COURT EAST
HOMOSASSA, FL 34446 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: BARB CLARK 02/13/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	KIM, STEVENS EDD
Address	114 S HENNESSEY STREET
City-State-Zip:	NEW ORLEANS LA 70119

Title	SECRETARY
Name	MURPHY, CATHY
Address	CHILD AND YOUTH PERMANENCY COUNCIL OF CANADA PO BOX 23001 RPO FAIRLAWN PLAZA
City-State-Zip:	OTTAWA K2A 4E2

Title	EXECUTIVE DIRECTOR
Name	CUSHMAN, LIGIA
Address	2380 WYCLIFF STREET SUITE 200-11
City-State-Zip:	SAINT PAUL MN 55114

Title	DIRECTOR
Name	MELENDEZ, JAREL
Address	CIRCLE OF YOUTH LAWYERS FOR CHILDREN 110 LAFAYETTE ST., 8TH FLOOR
City-State-Zip:	NEW YORK NY 10013

Title	DIRECTOR
Name	MASON, STACEY ANN
Address	345 LENOX RD 7B CITIGROUP
City-State-Zip:	BROOKLYN NY 11228

Title	DIRECTOR
Name	LISEMBEE, MAXIMILLIAN
Address	INDIANA DEPARTMENT OF CHILD SERVICES 100 E. SYCAMORE STREET
City-State-Zip:	EVANSVILLE IN 47713

Title	VP
Name	GRZYBOWSKI, KIM
Address	LALUM'UTUL' SMUN' EEM CHILD & FAMILY SERVICES 5932 JAYNES ROAD
City-State-Zip:	DUNCAN V9L 4W8

Title	VP
Name	KIM, JAERAN
Address	UNIVERSITY OF WASHINGTON TACOMA, SOCIAL WORK AND CRIMINAL JUSTICE PROGRAM 1900 COMMERCE STREET 205 PETERS HALL
City-State-Zip:	TACOMA WA 98402

Continues on page 2

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: RONI MCKENNA CFO 02/13/2025

Officer/Director Detail Continued :

Title	TREASURER
Name	FAULKNER, RONYA
Address	TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES 200 ATHENS WAY, THIRD FLOOR, SUITE C
City-State-Zip:	NASHVILLE TN 37243

Title	DIRECTOR
Name	SIMMONS, DAVID
Address	5100 SW MACADAM AVE STE 300
City-State-Zip:	PORTLAND OR 97239-3878

Title	COO
Name	ROSS, NATHAN MSW
Address	2380 WYCLIFF STREET SUITE 200-11
City-State-Zip:	SAINT PAUL MN 55114

Title	DIRECTOR
Name	ZAHLER, MERCEDES
Address	4701 NE 72ND AVE UNITE 263
City-State-Zip:	VANCOUVER WA 98661

Title	CFO
Name	MCKENNA, RONI
Address	2380 WYCLIFF STREET SUITE 200-11
City-State-Zip:	SAINT PAUL MN 55114