# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 21, 2007**
**Secretary of State**

DOCUMENT# F94000005109

**Entity Name:** AMERICAN REFUGEE COMMITTEE, A NON-PROFIT CORPORATION

**Current Principal Place of Business:**

430 OAK GROVE ST
SUITE 204
MINNEAPOLIS, MN 55403

**New Principal Place of Business:**

**Current Mailing Address:**

430 OAK GROVE ST
SUITE 204
MINNEAPOLIS, MN 55403

**New Mailing Address:**

**FEI Number: 36-3241033** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | TJOSVOLD, MARY | |
| Address: | 1555 118TH LANE NW | |
| City-St-Zip: | COON RAPIDS, MN 55448 | |
| Title: | P | ( ) Delete |
| Name: | PARMER, HUGH | |
| Address: | 430 OAK GROVE ST SUITE 204 | |
| City-St-Zip: | MINNEAPOLIS, MN 55403 | |
| Title: | C | ( ) Delete |
| Name: | CAIRNS, SONIA | |
| Address: | 1766 JAMES AVE., SOUTH STE 1 | |
| City-St-Zip: | MINNEAPOLIS, MN 55403 | |
| Title: | S | ( ) Delete |
| Name: | ROSEMAN, WALDA W | |
| Address: | 888 17TH ST. NW, STE 900 | |
| City-St-Zip: | WASHINGTON, DC 20006 | |
| Title: | VP | ( ) Delete |
| Name: | FREDERICKSON, KAREN | |
| Address: | 430 OAK GROVE ST, STE 204 | |
| City-St-Zip: | MINNEAPOLIS, MN 55403 | |
| Title: | T | ( ) Delete |
| Name: | SKOVHOLT, GLEN | |
| Address: | 1473 GRANTHAM STREET | |
| City-St-Zip: | SAINT PAUL, MN 55108 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HUGH PARMER PRES 03/21/2007

Electronic Signature of Signing Officer or Director — Date