

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005109

FILED
Apr 05, 2010
Secretary of State

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
Name: TJOSVOLD, MARY
Address: 430 OAK GROVE ST, STE 204
City-St-Zip: MINNEAPOLIS, MN 55403

Title: C
Name: MYERS, HOLLY
Address: 430 OAK GROVE ST SUITE 204
City-St-Zip: MINNEAPOLIS, MN 55403

Title: VC
Name: BELL, PETER
Address: 430 OAK GROVE ST, STE 204
City-St-Zip: MINNEAPOLIS, MN 55403

Title: S
Name: ROSEMAN, WALDA
Address: 430 OAK GROVE ST, STE 204
City-St-Zip: MINNEAPOLIS, MN 55403

Title: PCEO
Name: WORDSWORTH, DANIEL
Address: 430 OAK GROVE ST, STE 204
City-St-Zip: MINNEAPOLIS, MN 55403

Title: T
Name: GAPPA, JOHN
Address: 430 OAK GROVE ST, STE 204
City-St-Zip: MINNEAPOLIS, MN 55403

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: DANIEL WORDSWORTH

PCEO

04/05/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date