

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000000102

**Entity Name:** ASSEMBLY OF REFUGEES IN CHRIST MINISTRIES .INC

**Current Principal Place of Business:**

300 ELAINE CIRCLE W  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

300 ELAINE CIRCLE W  
WEST PALM BEACH, FL 33409 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PATRICK SIMEON  
300 ELAINE CIRCLE W  
WEST PALM BEACH, FL 33409 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 P  
Name DUMENE, FLORISE  
Address 300 ELAINE CIRCLE W  
City-State-Zip: WEST PALM BEACH FL 33409

Title VP  
Name ROBERT, WADNER  
Address 5269 NW 6TH CT  
City-State-Zip: DELRAY BEACH FL 33445

Title SC  
Name THEODORE, VILIANE  
Address 5225 SHELLY RD  
City-State-Zip: WEST PALM BEACH FL 33407

Title TR  
Name BAGUIDY, ACELHOMME  
Address 2552 SHELLY RD  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** DUMENE,FLORISE

P

03/28/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date