

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005109

Entity Name: AMERICAN REFUGEE COMMITTEE, A NON-PROFIT CORPORATION**FILED**
May 01, 2017
Secretary of State
CC6422302253**Current Principal Place of Business:**615 FIRST AVE NE
SUITE 500
MINNEAPOLIS, MN 55413**Current Mailing Address:**615 FIRST AVE NE
SUITE 500
MINNEAPOLIS, MN 55413**FEI Number: 36-3241033****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
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	CFO
Name	WHITE, MARK
Address	615 FIRST AVE NE, SUITE 500
City-State-Zip:	MINNEAPOLIS MN 55413

Title	DIRECTOR
Name	HANSON, CHRISTY
Address	615 FIRST AVE NE SUITE 500
City-State-Zip:	MINNEAPOLIS MN 55413

Title	PRESIDENT & CEO
Name	WORDSWORTH, DANIEL
Address	615 FIRST AVE NE SUITE 500
City-State-Zip:	MINNEAPOLIS MN 55413

Title	DIRECTOR - CHAIR
Name	BOYUM, BEN
Address	615 FIRST AVE NE SUITE 500
City-State-Zip:	MINNEAPOLIS MN 55413

Title	DIRECTOR
Name	GAPPA, JOHN
Address	615 FIRST AVE NE, SUITE 500
City-State-Zip:	MINNEAPOLIS MN 55413

Title	DIRECTOR
Name	MCCORMICK, MICHAEL
Address	615 FIRST AVE NE SUITE 500
City-State-Zip:	MINNEAPOLIS MN 55413

Title	DIRECTOR
Name	LIBBUS, IMAD
Address	615 FIRST AVE NE SUITE 500
City-State-Zip:	MINNEAPOLIS MN 55413

Title	DIRECTOR - FOUNDER & HONORARY CHAIR
Name	BALL, NEAL
Address	615 FIRST AVE NE SUITE 500
City-State-Zip:	MINNEAPOLIS MN 55413

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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: MARK WHITE**CFO****05/01/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR - TREASURER
Name WITKIN, PERRY
Address 615 FIRST AVE NE
SUITE 500
City-State-Zip: MINNEAPOLIS MN 55413

Title DIRECTOR
Name BREHM, WARD
Address 615 FIRST AVE NE
SUITE 500
City-State-Zip: MINNEAPOLIS MN 55413

Title DIRECTOR
Name GOLDFELD, ANN
Address 615 FIRST AVE NE
SUITE 500
City-State-Zip: MINNEAPOLIS MN 55413

Title DIRECTOR
Name VOELBEL, RICHARD
Address 615 FIRST AVE NE
SUITE 500
City-State-Zip: MINNEAPOLIS MN 55413

Title DIRECTOR
Name SHAHIDI, JAY
Address 615 FIRST AVE NE
SUITE 500
City-State-Zip: MINNEAPOLIS MN 55413

Title DIRECTOR
Name MORTENSON, MARK
Address 615 FIRST AVE NE
SUITE 500
City-State-Zip: MINNEAPOLIS MN 55413

Title DIRECTOR
Name REED, MAUREEN
Address 615 FIRST AVE NE
SUITE 500
City-State-Zip: MINNEAPOLIS MN 55413

Title DIRECTOR
Name MADZAR, SVJETLANA
Address 615 FIRST AVE NE
SUITE 500
City-State-Zip: MINNEAPOLIS MN 55413

Title DIRECTOR - SECRETARY
Name ROBBINS, HOLLY
Address 615 FIRST AVE NE
SUITE 500
City-State-Zip: MINNEAPOLIS MN 55413