

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002791

**Entity Name:** FELLOWSHIP OF RECONCILIATION, INC.

**Current Principal Place of Business:**

180 W. MAIN STREET  
STONY POINT, NY 10980

**Current Mailing Address:**

C/O SMART CHARITY  
11890 SUNRISE VALLEY DRIVE, SUITE 206  
RESTON, VA 20191 US

**FEI Number:** 13-3792144

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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:** JANICE NULL

04/05/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CO-CHAIR  
Name STONEBRAKER-MARTINEZ, CHRISSEY  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980

Title MISSION ADVANCEMENT AND DEVELOPMENT COUNSEL  
Name NICOTERA, ANTHONY  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980

Title SECRETARY  
Name LINDEEN, ELLEN  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980

Title TREASURER  
Name MAGNO, PAUL  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980

Title COUNCIL CO-CHAIR  
Name GOGGANS, AARON  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980

Title BOARD MEMBER  
Name NEY, CHRIS  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980

Title BOARD MEMBER  
Name ALVARADO-ARCE, LINDA  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980

Title BOARD MEMBER  
Name BACKE, JOHN  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980

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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:** PAUL MAGNO

TREASURER

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name FABRE, SHERLY  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980

Title EXECUTIVE DIRECTOR  
Name GOLD, ARIEL  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980

Title DEVELOPMENT ASSOCIATE  
Name TAYLOR, NICOLE  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980

Title DIRECTOR OF NATIONAL ORGANIZING  
Name VESELY-FLAD, ETHAN  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980

Title INTERIM EDITOR, FELLOWSHIP MAG.  
Name HARRIS, RABIA TERRI  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980

Title BOARD MEMBER  
Name LOBERG, BETHANY RENATA  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980

Title DIRECTOR OF OPERATIONS  
Name SMITH, SUSAN  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980

Title ADVANCEMENT ASSOCIATE  
Name NICOLICH, MEREDITH KRASHES  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980

Title CONTROLLER  
Name MARLA COHEN, CARTER  
Address 180 W. MAIN STREET  
City-State-Zip: STONY POINT NY 10980