

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002791

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

**Current Principal Place of Business:**

521 NORTH BROADWAY  
NYACK, NY 10960

**FILED**  
**Sep 21, 2017**  
**Secretary of State**  
**CC1801220147**

**Current Mailing Address:**

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

**FEI Number: 13-3792144**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DIRECTOR  
Name ADAMS-EL GUABLI, SHAINA  
Address 521 NORTH BROADWAY  
City-State-Zip: NYACK NY 10960

Title CHAIR  
Name CHILDERS, LAURIE  
Address 521 N. BROADWAY  
City-State-Zip: NYACK NY 10960

Title DIRECTOR  
Name VEGOSEN, ARIEL  
Address 521 N. BROADWAY  
City-State-Zip: NYACK NY 10960

Title DIRECTOR  
Name JACKSON, LA TRINA  
Address 521 NORTH BROADWAY  
City-State-Zip: NYACK NY 10960

Title DIRECTOR  
Name HOOD, JEFF REV.  
Address 521 NORTH BROADWAY  
City-State-Zip: NYACK NY 10960

Title INTERIM EXECUTIVE DIRECTOR  
Name HESS, MAX  
Address 521 NORTH BROADWAY  
City-State-Zip: NYACK NY 10960

Title VICE CHAIR  
Name ALSAHLANI, SAHAR  
Address 521 NORTH BROADWAY  
City-State-Zip: NYACK NY 10960

Title DIRECTOR  
Name FIELDS, KATE  
Address 521 NORTH BROADWAY  
City-State-Zip: NYACK NY 10960

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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: MAX HESS**

**INTERIM EXECUTIVE  
DIRECTOR**

**09/21/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TRIMM, MEGHAN  
Address 521 NORTH BROADWAY  
City-State-Zip: NYACK NY 10960

Title DIRECTOR  
Name ZOLOT, TOM J  
Address 521 NORTH BROADWAY  
City-State-Zip: NYACK NY 10960

Title DIRECTOR  
Name GRIMES, ANTHONY REV  
Address 521 NORTH BROADWAY  
City-State-Zip: NYACK NY 10960

Title TREASURER  
Name JACOBSEN, STEVE  
Address 521 NORTH BROADWAY  
City-State-Zip: NYACK NY 10960

Title DIRECTOR  
Name TINKER-FORTELE, LILY  
Address 521 NORTH BROADWAY  
City-State-Zip: NYACK NY 10960

Title DIRECTOR  
Name IANCU, CIPRIAN  
Address 521 NORTH BROADWAY  
City-State-Zip: NYACK NY 10960

Title DIRECTOR  
Name LYMAN, PATTY  
Address 521 NORTH BROADWAY  
City-State-Zip: NYACK NY 10960