

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002791

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC9319625618**

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

**Current Principal Place of Business:**

521 NORTH BROADWAY  
NYACK, NY 10960

**Current Mailing Address:**

P.O. BOX 271  
HYACK, NY 10960

**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 BRIGG, ANDREA  
Address 521 NORTH BROADWAY  
City-State-Zip: NYACK NY 10960

Title DIRECTOR  
Name ADAMS-EL GYABI, SHAINA  
Address 521 NORTH BROADWAY  
City-State-Zip: NYACK NY 10960

Title D  
Name ABID, MALIK NADEEM  
Address 521 N. BROADWAY  
City-State-Zip: NYACK NY 10960

Title D  
Name BAXTER, MICHAEL  
Address 521 N. BROADWAY  
City-State-Zip: NYACK NY 10960

Title CHAIRMAN  
Name SCHEURER, WILLIAM  
Address 521 N. BROADWAY  
City-State-Zip: NYACK NY 10960

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

Title VC  
Name BEACHY, ISAAC  
Address 521 N. BROADWAY  
City-State-Zip: NYACK NY 10960

Title DIRECTOR  
Name BONTRAGER, WILL  
Address 521 N. 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: KRISTIN STONEKING**

**EXECUTIVE DIRECTOR**

**01/09/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

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

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

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

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

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

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

Title DIRECTOR  
Name PRUITT-HAMM, KAELEY  
Address 521 N. BROADWAY  
City-State-Zip: NYACK NY 10960

Title EXECUTIVE DIRECTOR  
Name STONEKING, KRISTIN  
Address 521 N. BROADWAY  
City-State-Zip: NYACK NY 10960